

WEST MAIN CHURCH OF CHRIST

2460 West Main Street • Tupelo, MS 38801 • (662) 842-9263 • Website: westmainchurch.org
Email: office@westmainchurch.org

CONSENT FOR TREATMENT OF A MINOR CHILD

CHILD'S FULL NAME _____

AGE _____ BIRTHDAY _____ MALE _____ FEMALE _____

West Main reserves the right to ask parents to go with children who have medical conditions. West Main also reserves the right not to take your child because of a medical condition.

ALLERGIES _____

SIGNS OF ALLERGIC REACTION: (List in detail) _____

TETANUS (DATE OF LAST IMMUNIZATION) _____

MEDICATIONS TAKING NOW (Note Name, Dosage, Times Taken) _____

LIST ANY HEALTH CONDITIONS SUCH AS: (asthma, heart disease, diabetes, seizures, any chronic health condition, etc: _____

FAMILY DOCTOR _____

HAS YOUR CHILD RECENTLY HAD OR BEEN EXPOSED TO COMMUNICABLE DISEASES SUCH AS MEASLES, CHICKEN POX, ETC.? _____

PARENTS FULL NAME _____

ADDRESS _____

PH. #'s – HOME _____ WORK _____ CELL/MOBILE/PGR _____

INSURANCE COMPANY _____

POLICY NUMBER _____

NAME OF RESPONSIBLE PARTY IN ABSENCE OF PARENTS OR LEGAL GUARDIAN _____

PHONE _____

ADDRESS _____

I hereby give my consent to the hospital and the physicians employed at that hospital in the administration and performance of all emergency treatments, which in the judgment of said physicians, might be considered necessary or advisable for _____ (child's name).

This is the _____ day of _____, 2_____.

PARENTS SIGNATURES _____

Parent or Guardian

Print Name

Parent or Guardian

Print Name

Witness _____



Please make the church office aware of any changes in medical condition, medications, and your insurance policy.

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RELEASE OF LIABILITY AGREEMENT

The parent or guardian must sign this form before any child can be allowed to participate in any West Main church of Christ activities. This release form will be on file in the church office.

I recognize that there are risks, including those of injury and even death, in all of the activities initiated and carried out under the auspices of West Main church of Christ. I freely assume those risks on my own and my child's behalf. I agree to release and hold harmless from liability the West Main church of Christ, its staff, members, volunteer workers, and other employees and agents in the event of injury or death of my son/daughter listed below, resulting from negligence or any other theory of liability while engaging in any church or youth oriented fellowship activity. I agree to not make any claim or file any lawsuit against the West Main church of Christ for injuries or damages related to my child's participation in church or youth fellowship activities (Please Initial _____).

This release is signed on behalf of the following children:

1. _____
2. _____
3. _____
4. _____
5. _____

I understand that this is a legal binding contract and that the church activities are provided in consideration for the signed Release of Liability Agreement (Please Initial _____).

I have carefully read this release of liability agreement and fully understand its contents. I am aware this contract releases West Main church of Christ from liability and I sign it of my own free will.

This is the _____ day of _____, 20_____.

Parent or Guardian _____

Parent or Guardian _____

Witness _____

NOTICE: * Effective Dates _____

*So that you don't have to complete this form every time there is an activity, you may write an effective date that will carry through your child's graduation from youth activities at the West Main church of Christ.

For example: (Today's date) – 5/31/2014