

# Consent & Medical Release Form 2023

New Life in Christ Church – Punta Gorda, FL

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Student Cell Phone: (\_\_\_\_) \_\_\_\_\_ Check if N/A

Student email address: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

If the address for either parent is different than that of the child, please provide that second address:

\_\_\_\_\_

Father's Work Phone: (\_\_\_\_) \_\_\_\_\_ Mother's Work Phone: (\_\_\_\_) \_\_\_\_\_

Emergency contact/authorized alternate pickup person(s) if parent/guardian is unavailable:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

I have read and understood all sections of this form that apply to my child. I certify that the above-named youth is my child or my legal ward and resides with me and has my consent to participate in **New Life in Christ Church** sponsored activities. I understand that pictures, video and other forms of media which may contain images or the voice of the above-named youth may be used in promotional or informational materials produced by **New Life in Christ Church**. By providing the email address and/or student cell phone number, I/we hereby authorize the Director of Youth Ministries and other volunteers acting on behalf of the **New Life in Christ Church**, to contact my child using these electronic methods. I also agree that in the event that above-named youth becomes ill, is injured or for any reason requires medical treatment while attending a **New Life in Christ Church** event or activity, the undersigned(s) and/or legal guardian(s) of the above-named youth hereby consent to any and all medical or surgical treatment, including anesthesia and operations, which may be deemed advisable by any qualified physicians selected by agents or officials of the **New Life in Christ Church**. In the event that treatment is called for which a physician or other health care provider refuses to administer without my/our consent, I/we hereby authorize the Director of Youth Ministries or other responsible adult accompanying this **New Life in Christ Church** group, to give such consent and further agree to hold any person harmless from claims, demands or suits of any nature arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. The intention of this release is to grant authority to administer and perform any and all examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patients care, be deemed advisable or necessary by any qualified physician. Payment for all charges incurred for medical treatment is guaranteed by the parent/guardian, or insurance company providing coverage for the above named youth.

Medical/Health Insurance Co. Name \_\_\_\_\_

Policy No: \_\_\_\_\_ Group No: \_\_\_\_\_

In connection with the provision of such medical treatment, be advised of the following regarding the above-named person:

Handicap, limitation or medical condition(s): \_\_\_\_\_

Allergies (general or to medication): \_\_\_\_\_

Presently taking the following medication (name, dosage & reason it is taken): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent / Guardian

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ Notary Public, State of Florida, My commission expires: \_\_\_\_\_

Print, Type or Stamp Commissioned name of Notary Public: \_\_\_\_\_

Personally known: \_\_\_\_\_ or Produced Identification: \_\_\_\_\_ Type of ID produced \_\_\_\_\_