

Authorization to Consent to Medical Treatment of a Minor

Individual Information

Student's Name:	Date of Birth:
Address (Street, City, Zip):	Social Security No.:
	Subdivision:
Parent(s)/Guardian(s) name:	Home Phone:
Mother's Employer:	Work Phone:
Father's Employer:	Work Phone:

Insurance Information

Company:	Policy Number:
Phone Number:	Group Number:

Medical Information

Student's Physician & Phone:	Phone:
Date of last tetanus shot:	
List of Allergies:	
List of Medications	
Other medical information:	

I, _____ declare that I am the parent/guardian of _____ and authorize a representative of Living Word Lutheran Church, in whose care, custody, and control my child is temporarily entrusted, to obtain and consent to and authorize emergency medical treatment, surgery or dental care to be given to my son/daughter as considered advisable or necessary in the judgment of an emergency medical professional or attending physician for the health and well-being of my above-named child.

I hereby authorize my child to participate in youth activities sponsored by Living Word Lutheran Church, including travel to and from the activities. To the best of my knowledge and belief, my child is in good health, free of communicable diseases and is in sufficiently good physical condition to engage in any reasonable athletic, sporting events or activities included in the outings and/or events. I give complete and unqualified permission for participation in the outing and activities included, except:

In consideration of the time, talents, and means of the supervisors and volunteers supporting my child during the outings and/or events, I assume complete and full responsibility for any and all risks and hazards to my child that are or may be associated with or may arise from the activities, including transportation to and from the outing and/or event. I hereby waive all claims against Living Word Lutheran Church, its officers or members, its staff, the organizers, sponsors, supervisors, or volunteers involved in the outing and/or event for any injury that may occur to my child during the course of the outing and/or event, its activities, or travel to or from the activity and/or event, except to the extent such adult, person, or entity is grossly negligent.

I hereby agree to indemnify and hold harmless from any expenses of claims of any nature the adults, or persons or entity which provides or causes to be provided examination, treatment, or hospital care pursuant to this authorization, except to the extent such adult, persons, or entity is grossly negligent, and agree to make or cause to be made, payment for such examination, treatment, or hospital care.

This Authorization shall remain effective from September 1, 2004 until September 1, 2005 unless sooner revoked by destruction of this document.

Authorized and signed this _____ day of _____.

Parent or Guardian

Subscribed and sworn to before me, this _____ day of _____, 20 ____.

My Commission Expires: _____

Notary Public in and for the STATE OF TEXAS

County of _____