

This consent/release form may be used for adults or minors, and must be present at specific events.

## Parental consent & medical release form

*Please print and fill out this form and send it to Hockinson Heights Seventh-day Adventist Church prior to the first covered event.*

### AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I, the undersigned parent/legal guardian of \_\_\_\_\_, do hereby authorize *Hockinson Heights Seventh-day Adventist Church* and **consent to any and all necessary immediate medical or surgical treatment deemed advisable by any Physician or Surgeon licensed under the provisions of the Medical Practice Act. And do consent to First Aid and/or CPR, as may be available and advisable.** *Hockinson Heights Seventh-day Adventist Church* does not administer prescription medications, treatments, or any other medical services. **I hereby release all paid or volunteer staff members of the Seventh-day Adventist Church from any responsibility in case of accident or injury incurred on any trips and during transportation**, other than cases involving negligence. *Hockinson Heights Seventh-day Adventist Church* will not be held responsible for articles lost, damaged, or stolen during activities or for excessive damages to facilities, buses, or cars.

This authorization is effective for all church sponsored activities, and events at various places and times approved by designated youth leaders (*such as meetings, day hikes, various community outreach, youth activities, and special events: such as overnight recreational and mission trips, etc.*). **Interstate (beyond Washington & Oregon) and International Trips, require specific approval.** *Name of interstate or international trip you consent to for this person:* \_\_\_\_\_

Approximate start and end dates of trip \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

*Attending a sponsored event, implies consent to comply with the following safety rules and all other rules announced by your designated leaders at specific events:*

1. **Night curfew** (quiet time) is **11:00 PM** unless specifically approved otherwise.
2. **Rides for minors are restricted to vehicles driven by responsible drivers who are at least 21 years of age** unless the driver is your own sibling. **If you switch from one vehicle to another for your ride, get approval first from both drivers.**
3. **Do not absent yourself from the group.**
4. **Designated leaders must be present for all activities involving minors.**
5. **Ask your leaders for permission before engaging in any "extra" activities.**

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_. Medical Insurance Company: \_\_\_\_\_

Emergency Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Policy Number \_\_\_\_\_

Any medications the patient is currently taking: \_\_\_\_\_

Child's physician: \_\_\_\_\_ Physician's Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Any known allergies or medication reactions: \_\_\_\_\_

Date of Last tetanus/toxoid inoculation: \_\_\_\_\_. List any important medical information or comments (below):