



# MEDICAL CONSENT FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip code

Home Phone \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_

To whom it may concern:

The undersigned does hereby give permission for our (my) child,  
\_\_\_\_\_ to attend and participate in the **MADD Days  
Day Camp** sponsored by **Westminster Presbyterian Church (125 N. Wilkinson Street,  
Dayton, OH 45402)**.

We (I) authorize the adult advisors, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physicians or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult advisors in whose care the minor has been entrusted while attending and participating in activities sponsored by Westminster Presbyterian Church.

Hospital Insurance  Yes  No

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Emergency Contact other than parent or legal guardian

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**FORM CONTINUES ON REVERSE SIDE or SECOND PAGE**

Please list all medications your child takes on a regular basis, the purpose of the medication and the dosage:

Please list all medications that your child will bring to day camp along with specific instructions. **All medications should be given to the camp nurse on Monday morning.**

Please list any medical conditions (asthma, diabetes, etc.) your child has that we should be aware of, along with instructions for handling the condition.

Please list all allergies.

Please list anything that will limit your child's participation in planned activities, along with any other information you feel we should have.

Date: \_\_\_\_\_

\_\_\_\_\_  
Mother's Signature

Cell Phone \_\_\_\_\_

Home/Work Phone \_\_\_\_\_

\_\_\_\_\_  
Father's Signature

Cell Phone \_\_\_\_\_

Home/Work Phone \_\_\_\_\_

\_\_\_\_\_  
Legal Guardian's Signature

Cell Phone \_\_\_\_\_

Home/Work Phone \_\_\_\_\_

Westminster Presbyterian Church  
Consent and Liability Release Form

It is the intention of Westminster that our children be safeguarded. Among many steps we take to accomplish this goal, Westminster has adopted policies concerning supervision of your children while participating in Church activities. Our policy is that parental permission must be obtained for a child to participate in church-sponsored meetings, programs and activities where an adult may spend time with a child when no other adults are in near proximity. In order to provide additional opportunities for children, Westminster needs your informed consent to permit participation in activities where only one adult supervisor is involved.

**Meetings, programs and activities**

Normally, the Church makes every effort to have at least two adults involved in supervision of any program or activity, but on occasion, only one adult is available to participate in an activity involving your child. Please indicate your agreement or disagreement as indicated below:

My child may participate in activities supervised by only one adult:     **YES**     **NO**. If YES, please check below to identify the circumstance in which your child may participate where there is only one leader:  
\_\_\_\_\_ any leader or volunteer who has been appointed by Westminster to supervise the meeting, program or activity and who has undergone a routine background check by Westminster  
\_\_\_\_\_ only the following leader(s): \_\_\_\_\_

**Transportation**

Typically, children are transported in vehicles where at least one adult in addition to the driver is present. On occasion, only the driver will be in a vehicle while children are transported. Please indicate your agreement or disagreement as indicated below:

My child may be transported in a vehicle where only the individual driver is an adult.     **YES**     **NO**. If YES, please check below to identify the circumstance in which your child may participate where there is only one leader:

My child may be transported by:  
\_\_\_\_\_ any leader or volunteer who has been designated by Westminster to drive a vehicle in connection with a Church activity and who has undergone a routine background check by Westminster  
\_\_\_\_\_ only the following leader(s): \_\_\_\_\_

**Photos and publicity**

Westminster's policy is to use our best efforts to safeguard your child's identity by not disclosing any personal information that could conceivably assist in an uninvited contact by another child or adult. However, on occasion we promote our ministry and programs by publishing photos of our activities in church-related or local news publications.

\_\_\_\_\_ I give my unlimited permission to Westminster to use a photograph including my child's image in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media, or other form of promotion or publicity. I waive any right to advanced inspection or approval of any such photographs or to compensation.

\_\_\_\_\_ I give unlimited permission for my child's name to be included in any publication, print ad, direct-mail piece, electronic media, or other form of promotion.

**I understand that the authorizations and rights granted in this document are voluntary and that I may revoke any or all of them at any time by submitting a notice in writing or a revised form. I hereby release and discharge Westminster from any claim, allegations or damages arising from a circumstance where I approved supervision by only one adult as indicated above.**

Full Name of Child \_\_\_\_\_

Full Name of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_