

**Consent for Medical Treatment of Minors**

The purpose of this consent form is to permit the treatment of minors who become ill or injured when the parent(s)/guardian or designated emergency contact person(s) cannot be reached to give consent for treatment. **Every reasonable attempt will be made to contact the parents(s)/guardian and emergency person(s) listed on the reverse side of this form.**

The undersigned parent(s)/guardian authorize the First Presbyterian Church of Sibley, Iowa, to secure \_\_\_\_\_ medical/dental \_\_\_\_\_ treatment \_\_\_\_\_ for \_\_\_\_\_ (name/s of youth) in case of any illness or accident for which responsible adults or first aid personnel feels professional medical attention is required. I/we hereby give permission to the administration of any and all necessary medical treatment by a licensed physician or dentist in his/her office or at a hospital.

Parent(s)/Guardian Signature \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Date \_\_\_\_\_

Last Date of Tetanus Booster \_\_\_\_\_

Medical Up-Date at the Time of Arrival at Meetings/Events:

Has youth member had any illness or injuries within the last three weeks?

Is youth member currently taking any medications?

Injury/Release of Liability

By signing below, I assume all risks and hazards incidental to the conduct of the First Presbyterian Church programs and I agree not to hold the church and its employees, volunteers and sponsors responsible for any injury that may occur during participation of its programs.

Parent(s)/Guardian Signature \_\_\_\_\_

Use of Photographs

By signing below, I give permission for the use of photographs taken that include my child(ren) to be used by First Presbyterian Church.

Parent(s)/Guardian Signature \_\_\_\_\_

**Contact Information**

**Parent(s)/Guardian**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Telephone Number (land line) \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_

**In case of emergency**, whom may we contact if we are unable to reach you? Please list two people.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Telephone Number (land line) \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Telephone Number (land line) \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_