

# Parent/Guardian of a Minor

## Consent & Hold Harmless Form & Consent to Treat a Minor Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent's Work Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

I \_\_\_\_\_ (printed name of parent/guardian) being the parent or legal guardian of \_\_\_\_\_ (printed name of minor) have been informed of the projected activities for October 1, 2009 through September 30, 2010 that are sponsored by Summit Woods Baptist Church and hereby give my consent for my minor child to participate in the activities.

I understand that all reasonable safety precautions will be taken by the leaders of the activities and that the possibility of an unforeseen hazard does exist. I further agree not to hold Summit Woods Baptist Church, its leaders, employees, and the volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities:

\_\_\_\_\_

Being the parent or legal guardian of \_\_\_\_\_ (minor's name printed)

I \_\_\_\_\_ (parent/guardian's name printed) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring the event will be used as the secondary coverage.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Notary Acknowledgement

State of Missouri

County of Jackson

Personally appeared before me, \_\_\_\_\_, With whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Signature: \_\_\_\_\_

My Commission expires \_\_\_\_\_