

Last name _____

Vaughn Park Youth Ministry
3800 Vaughn Road
Montgomery, AL 36106
PARENTAL CONSENT FORM

Subject: Authorization for medical treatment, release of liability and guardian signature.
I/We the undersigned, are the parents, legal guardians or the legal parent having custody of _____, a minor, and have given our consent for him/her to go with/participate in the Vaughn Park Church of Christ activities. In the event that he/she is injured while on a trip or during a Vaughn Park Church of Christ sponsored activity and requires the attention of medical personnel, I/We consent to any reasonable medical treatment as deemed necessary by said medical personnel. In the event treatment is called for which a physician and or hospital personnel refuse to administer without consent, and if we cannot be reached by phone at one of the numbers below, or if because of an emergency there is not time or opportunity to make a telephone call, and it becomes necessary for consent to be given, I/We agree to hold the chaperones and Vaughn Park Church of Christ free and harmless of any claims, demands or suits for damages arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician. I/We also agree to hold the chaperones and Vaughn Park Church of Christ free and harmless of any claims, demands or suits for damages arising from injuries that occur while participating in activities with the Vaughn Park Church of Christ or its chaperones either on the Vaughn Park Church of Christ property or away from the Vaughn Park Church of Christ property. I/we also give authorization for Jamin Mills and Katie Reed to sign as guardian while my child is on a trip or involved in an activity with the Vaughn Park Church of Christ in such a way as they may sign for an activity that may require a guardian signature. I am also aware that this form renews itself annually until the above minor turns 18 years of age.

Minor's Information

Minor's Name _____
Date of Birth _____
Student's Social Security # _____
Insurance company _____
Policy Number _____
Group # _____
Name of Policy Holder _____
Pre-Authorization phone number _____

Parent's/Legal Guardian's Information

Parents/Guardians: _____
Address: _____
City _____ State _____ Zip _____
Home phone: _____ cell Phones: (Father) _____ (Mother) _____
Neighbor or relative for emergency contact if parents cannot be reached:

Medical Information

Name of family doctor: _____

Doctor's phone numbers: Office _____ Home: _____

Medication being taken (if any) _____

Allergies or physical problems of which we should be aware:

MEDICATION WE CANNOT GIVE YOUR CHILD _____

Date of last tetanus shot: _____

Legal Guardian Signature

Parent or legal guardian must sign in presence of a notary public.

PARENT OR LEGAL GUARDIAN: _____

DATE: _____

State of Alabama Subscribed and sworn to before me this the

_____ day of _____, 20__

County _____

Notary Public

My commission Expires: _____



Refuel Ministries

vaughn park church student ministry