



# CEDAR CREEK CHURCH

## Parental Consent & Medical Treatment Form 2017-2018

---

### Student Information

Student's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade (2017-18): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Emergency Information

Parents or Guardians: \_\_\_\_\_

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

Secondary Contact (not parent or guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information

Please list any medical problems or known allergies:

\_\_\_\_\_

Please list all medications and dosages of medication:

\_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_

Can we give your student Ibuprofen? \_\_\_\_\_ Can we give your student Tylenol? \_\_\_\_\_

### Media Authorization

Sign below if you will allow Cedar Creek to use photographs or videos in which your student appears.

\_\_\_\_\_  
(Parent or Guardian Signature)

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

**Insurance Information:**

Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Participant Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorization to Treat a Minor**

The Undersigned does hereby give permission for our (my) child, \_\_\_\_\_, to attend and participate in activities sponsored by The Student Ministries of Cedar Creek Church of Christ, 12606 Leo Road, Fort Wayne, IN 46845. (260) 627 3653.

We (I) authorize an adult, 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 the said physician 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 service rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, behavior reason or otherwise, the undersigned shall assume all transportation costs.

I, the parent or legal guardian of my child listed on this form, certify that he/she has my full approval to participate in the programs of Cedar Creek Church of Christ. The child identified on this form understands that he/she is expected to abide by Cedar Creek Church of Christ guidelines and be directly responsible to the Youth Minister. Cedar Creek assumes the responsibility for discipline at all its programs and events and if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning my child home.

Furthermore, I do release and hereby agree to hold blameless Cedar Creek Church of Christ and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Cedar Creek Church of Christ. I also release the leaser of properties on which Cedar Creek Church of Christ programs and events are held.

The undersigned does also hereby give permission for our (my) child to ride in a vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Cedar Creek Church of Christ.

**Signatures**

\_\_\_\_\_  
(Student)

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

\_\_\_\_\_  
(Parent or Legal Guardian)

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

This form will be kept on file for one year, from June to May. If your insurance changes or any medical information changes throughout the year, please notify the church office.