

**SOUTHWOODS CHRISTIAN CHURCH STUDENT MINISTRIES**  
**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT**  
**OF MINOR CHILD DURING PARENTS' ABSENCE**

**Participant's Name** \_\_\_\_\_ M  F

**Persons to try to contact in case of an emergency:**

Name	Relationship to Child	Home Phone #	Work Phone #
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

The Child's Physician (Name) \_\_\_\_\_ (Phone #) \_\_\_\_\_

Insurance Company	Policy Number	Group # (if applicable)
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**Information regarding medical insurance covering the child is as follows:**

**Information regarding the child's health:**

Social Security #: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Current medication(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medical information that the minister, youth sponsors, or medical personnel should know:  
 \_\_\_\_\_  
 \_\_\_\_\_

I, the participant or for those under 18 the parent or legal guardian of the participant listed on this form, hereby consents to his or her full participation in the activities and trips of Southwoods Christian Church. I understand that accidents do happen, and hereby generally release Southwoods Christian Church and its ministers, youth sponsors, and other employees, agents and representatives from any liability or other legal or financial responsibility for any accidental injury to the above-named child while he or she is under the supervision of such person(s).

In the event of any such accident or other situation in which the above-named child may require emergency medical or dental care, I hereby authorize any minister, youth sponsor, or other employee, agent, or representative of Southwoods Christian Church, in my absence, to seek out and consent to any necessary medical or dental care for the above named child; and further authorize any physician, dentist, other medical personnel, or medical or health care facility to rely on such consent and perform any necessary medical or dental care, including, without limitation, x-ray and other diagnostic procedures, administration or anesthetics or medication, and surgery; and hereby ratify and confirm whatever consent to medical or dental care that may be given hereunder.

For valuable consideration received, I hereby irrevocably grant to Southwoods Christian Church the worldwide , royalty-free, right to use the participant's name, voice, likeness, and image in all forms and media, and in all manners for any lawful purposes, commercial or noncommercial.

I hereby certify that I have carefully read with the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I am aware that by signing this agreement I assume all risks and waive and release certain substantial rights that I may have or possess Southwoods Christian Church or any of the covered parties.

\_\_\_\_\_  
 Signature of Participant (Parent or Guardian if under 18)

\_\_\_\_\_  
 Date



(It will assist in speed and detail if you are able to attach a copy of your student's health insurance card to this form.)

**STUDENT CODE OF CONDUCT:**

**Students are expected to conform to these rules of conduct**

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, lighters, or explosives
- No offensive or immodest clothing (according to the discretion of the church leadership)
- No offensive actions or vulgar language
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect authority
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- (Some events will have additional guidelines that must be followed as well.)

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the evaluations of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____
Parent (Guardian) Signature: _____ Date: _____

<p><b>CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC</b></p> <p>STATE OF KANSAS</p> <p>COUNTY OF _____</p> <p>This document was acknowledged before me on _____ [Date] by        _____ [name of principal].</p> <p>[Notary Seal, if any]:        _____        (Signature of Notarial Officer)</p> <p>Notary Public for the STATE OF KANSAS</p> <p>My commission expires: _____</p> <p><i>(We encourage forms to be notarized especially regarding any trip(s) which involves out of State travel. All notarized forms will be kept on file in the church offices and will be valid for up to one year from the date notarize. All forms will be shredded at the beginning of August.)</i></p>
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