

CONSENT FOR MEDICAL TREATMENT WAIVER OF LIABILITY

High School _____

Middle School _____

I/We, _____,

the PARENT(S)/GUARDIAN(S) of

_____, a minor,

do hereby consent to said minor traveling with Salem First Church of the Nazarene of Salem, Oregon, USA, on **September 1, 2008, through and including December 31, 2010**. We understand that some or all of the activities in which our child may participate may involve a certain element of risk to his/her personal safety, either from the activity itself and/or in the transportation to and from the activity. However, we wish for our child to participate in the activities despite the potential risks and wish to assume those risks ourselves. Therefore, in consideration of allowing our child to participate in the activities, we hereby waive and release Salem First Church of the Nazarene, its staff, and all persons organizing or participating in the activities from all uninsured liability for any injury to our child or to his/her property arising out of our child's participation in the activities.

In case of emergency, we hereby give permission to the physician selected by Salem First Church of the Nazarene youth staff members, to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, surgery, or dental diagnosis for our said minor child during the period of time specified above. We hereby consent and grant Salem First Church of the Nazarene youth staff members, full right and authority to act for us in any matter pertaining to the care or control of our child named above during the specified period of time. In addition, as parent(s)/guardian(s), I/we shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our child to return home due to medical reasons, behavioral problems, or otherwise, we as parent or guardian shall assume all transportation costs.

Parent/Guardian Signature

Date

Parent/Guardian (please print)

Date

Emergency telephone numbers:

Please list in order that we should call in an emergency. (specify: home, mother's work, father's cell, etc.)

1st phone #: _____

2nd phone #: _____

3rd phone #: _____

Confidential Medical Questionnaire

Full Name		Birthdate	
Address		City	State
		Home Number	
Mother's Work Phone		Father's Work Phone	
Doctor's Name (in Salem)		Phone	
Name of Medical Insurance Company			
Mailing Address of Said Company			
Policy or Group Number		Phone	
If neither parent/guardian can be reach in an emergency, please indicate who to call			
Name		Phone	
Relationship			

Please answer ALL of the following questions and give any other pertinent medical information.

- a Yes a No 1. Are you presently under treatment for any medical problems?
a Yes a No 2. Do you take any medication(s) routinely? If so, what?
- a Yes a No 3. Have you ever been unconscious or had any head injuries?
Please explain _____
- a Yes a No 4. Are you allergic to any medications or certain types of food?
Please explain _____
- a Yes a No 5. Have you ever had asthma, hay fever, hives, or eczema? (If answering
"yes", have a more-than-ample supply of medications with you.)
- a Yes a No 6. Do you have a history of diabetes or heart disease?
- a Yes a No 7. Have you had any recent illness, skin rashes, or sore throats?
Please explain _____
- a Yes a No 8. Do you require any injections (allergy or other) on a regular basis?
Please explain _____
9. Date of last Tetanus shot _____
10. _____

Parent/Guardian(s) Signature _____ **Date** _____

