

Youth Events Release 2009



I, _____, am the parent and/or legal guardian of
[please print parent and/or legal guardian name]

_____, who was born on ____/____/____.
[please print student's name]

I hereby release Area X Youth Ministries and Grand Heights Baptist Church, their staff, and officers of the church from any liability of accident or injury that may occur to my child at an Area X Youth Ministries event.

I hereby authorize Area X Youth Ministries staff and officers to consent to any medical or dental care to my child under the direction of any licensed physician, surgeon, and/or dentist. This authority is given in the event of a medical emergency, which, in the opinion of the attending physician, surgeon, and/or dentist, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authorization includes authority to consent to X-ray examination, anesthesia, medical or surgical diagnosis, treatment, and hospital care. I assume the responsibility for any costs connected with such treatment.

This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

- I **agree** with the above statement and therefore grant the release.
- I **do not agree** with the above statement and therefore **do not grant** the release.

This release is valid from the date of signature below through **December 31, 2009**.

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: _____ Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Alternate Contact - Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Any specific medical conditions [ie. allergies, asthma, chronic illness, etc], please list on the back.