

Spotsylvania Presbyterian Church
11121 Leavells Road
Fredericksburg, VA 22407
540-898-4673

Parental Consent for Medical Treatment

With the increasing complexity and sophistication of medical systems, we are finding it necessary to have parental consent forms in the unlikely event of some injury or illness to youth involved in church outings.

This release gives youth leaders permission to take your child to the nearest available medical facility and have necessary treatment administered. This is not necessary from our perspective but from yours as many hospitals will not administer any medical attention to a minor without parental consent. We will, of course, attempt to contact parents immediately in the event of any incident.

Please read the statement in capital letters, sign it, and provide the requested information. This will give us permission to seek whatever care we deem necessary in conjunction with advice from medical staff.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE THE YOUTH LEADERS OF SPOTSYLVANIA PRESBYTERIAN CHURCH PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE THE SPOTSYLVANIA PRESBYTERIAN CHURCH AND ITS YOUTH WORKERS FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD SO LONG AS THEY ARE NOT GROSSLY NEGLIGENT.

Name of Child _____ Date of Birth _____

Signature of Parent or Guardian _____ Date Signed _____

Home Phone _____ Work phone(s) of Parent(s) or Guardian _____

If parents are not available, please call the relative or other individual listed below:

Name and Relationship to parent _____ Phone _____

Address _____ City/State _____ Zip _____

The additional medical history and information below would also be helpful.

Allergies (Including Medications) _____

Date of Last Tetanus Shot/Booster _____

Medications Presently Being Taken _____

Any conditions an attending physician might need to be aware of (contact lenses, false teeth, etc.) or any other information that would be important or helpful to youth leaders.

_____(Complete on back if necessary)

INSURANCE INFORMATION

Parent or Guardian's Insurance Company _____

Insurance Company Address _____

Insurance Policy _____
This form is current for a period of one year from date signed accompanied by an Event Permission Form.