

CONSENT TO MEDICAL TREATMENT

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Forest Park Covenant Church, Covenant Merge Ministries and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Covenant Merge Ministries and Forest Park Covenant Church understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Forest Park Covenant Church - its pastors, employees, agents, and volunteer workers, along with Covenant Merge Ministries from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician in the event treatment is required from a physician and/or hospital personnel designated by Covenant Merge Ministries and Forest Park Covenant Church. I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Child's Name _____

Parent/guardian signature _____

Date _____

Telephone/Contact _____

Address:

Signature of Notary _____

Notary's Printed Name _____

Notary Seal:

