

LOWER COVERDALE YOUTH GENERAL PARENTAL CONSENT FORM

STATEMENT OF CONSENT

I, _____, am the parent and legal guardian of _____, a minor, and I agree to allow my child to participate in youth activities with **Lower Coverdale United Baptist Church.**

AUTHORIZATION FOR MEDICAL TREATMENT

(Note: **Initial** each paragraph as you read to indicate that you agree with all 10 provisions)

- ___ 1. I hereby declare that I have legal custody of the above named child.
- ___ 2. I hereby grant my full permission and consent for the chaperon to act as a temporary guardian and for my child to reside and travel with said chaperon as a temporary guardian.
- ___ 3. I hereby grant the chaperon, acting as a temporary guardian, my full authorization to make all decisions related to my child's religious and recreational activities and undertakings.
- ___ 4. I hereby grant the chaperon, as temporary guardian, my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor child. If the injury or illness is life threatening or in need of emergency treatment, I authorize the chaperon, as a temporary guardian, to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the province/state in which such treatment is to occur.
- ___ 5. In the event that the chaperon, acting as temporary guardian, should need to pursue treatment, I include the following medical and emergency contact information. This information includes all information that would be necessary for medical treatment. Should any of this information change, I will immediately notify the chaperon who is acting as temporary guardian.
- ___ 6. This authorization is effective only during trips and/or activities conducted by the, Lower Coverdale Baptist Church youth group, within the Greater Moncton Area, conducted from the date signed below until the 30th of September, 2016.
- ___ 7. For the duration that the chaperon, as a temporary guardian, cares for my child, the costs associated with my child's maintenance, living expenses, medical, and dental expenses shall be allocated and paid by Medicare, and/or my applicable insurance carrier, and/or by my personal funds.
- ___ 8. In the event that more than one parent or legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one chaperon, acting as a temporary guardian, is named, the use of the singular shall incorporate the plural.
- ___ 9. In consideration of the services performed by Lower Coverdale United Baptist Church and the employees, servants and agents of Lower Coverdale United Baptist Church, those acting as chaperone's, temporary guardians, or agents of Lower Coverdale United Baptist Church are herewith released from liability for all actions taken in good faith during the trips, outings, events or other activities.

____ 10. For the use of photographs that contain images of my child for the exclusive purpose of Lower Coverdale Youth and church to promote, report, illustrate, advertise youth events, our web page, Facebook group, directory, etc. Photo's will NEVER be sold or used by third party organizations without special permission being requested.

MEDICAL INFORMATION

MINOR CHILD

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

DOCTOR INFORMATION

Doctor's Name: _____

Doctor's Address: _____

Office Phone: () _____ Other Phone: () _____

Medicare Number: _____ Province: _____

Allergies to Medications: _____

Allergies (Other): _____

If applicable, please note the conditions for which the child is currently receiving treatment:

Note any other significant medical information:

DENTIST INFORMATION

Dentist's Name: _____

Dentist's Address: _____

Office Phone: () _____ Other: () _____

EMERGENCY CONTACT INFORMATION

In case of emergency, contact _____

Home Phone () _____ Other Phone () _____ Cell Phone () _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Under penalty of perjury under the laws of the province of New Brunswick, I as parent or legal guardian attest to the truthfulness, accuracy, and validity of the forgoing statement.

Signed this _____ day of _____, 20 _____.

Signature

Date