2011 Authorization and Consent for Medical Treatment of Minor Child

Authorization – I authorize Athey Creek Christian Fellowship ("ACCF"), its agents and employees to provide transportation for my child for ACCF outings. It is not necessary that I be contacted for permission each time the church provides transportation for a trip.

Consent – In the event that an illness or injury befalls my child, either on or off the Fellowship's premises, ACCF should first attempt to contact me as the parent and then the guardian, friend, or relative listed below to make arrangements for the child's care. If none of those persons can be quickly located, or in the case of an emergency, I authorize ACCF to:

1. Contact the physician listed below and follow that physician's instructions
2. Transport my child to a medical facility and make decisions on my behalf as to the treatment
3. Consent to treatment by the physician named below or, if that physician is not available, then ACCF is authorized to obtain and give consent for any recommended examination, care, and treatment of the child named below.

Release – I, individually and as guardian of the child named below, hereby waive, release, and discharge ACCF (its employees, agents and representatives) from any and all claims, liability, and damages resulting directly or indirectly from the child's participation in ACCF activities, including transportation as to those activities. The foregoing authorization, consent and release remain in effect until I submit a written revocation to ACCF.

Child's Name: _____ Date of birth: _____

Address: _____

Phone: Home: _____ Cellular: _____

Parent/Guardian Name: _____

Family Physician and Phone: _____

Insurance Company and Policy Number: _____

Date of Last Tetanus Shot: _____Medications: _____

Allergies: _____

Relative/Friend Emergency Contact: _____

Phone Numbers: _____

Parent/Guardian Driver's License Number: _____

Parent/Guardian Signature: _____ Date: _____

Please complete and submit a new form in the event that any of the above information changes.