

West Congregational Church
767 Broadway, Haverhill MA 01832
978.373.3034

**Minor Participation Authorization and
Consent to Emergency Medical Treatment Form**

I, the undersigned, certify that I am the parent or legal guardian of (child's name) _____
(hereafter the "minor child").

I hereby give my consent to have my minor child participate in the activities of the West Congregational Church Youth Group for the period of **September 1, 2009 through August 31, 2010.**

I understand that these activities may include, but are in no way limited to, such on-site and off-site activities as riding in a motor vehicle, retreat activities, skiing, snowboarding, rock-wall climbing, skating, tubing, hay rides, volleyball, hiking, basketball, carpetball, pool, foosball, swimming, frisbee, relay races, other indoor/outdoor large group games, food distribution ministries, service projects, short-term missions, and the consumption of food.

I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in any of these activities.

To the fullest extent permitted by law, I release West Congregational Church, its trustees, officers, directors, employees, volunteers, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in these activities and agree to save and hold harmless West Congregational Church, its trustees, officers, directors, employees, volunteers, agents and representatives from any claims arising out of my minor child's participation in any of these activities.

Further, for the same period indicated above, I being the parent or legal guardian of the minor child, do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

I further authorize West Congregational Church activity leaders to administer Tylenol or Ibuprofen should the need arise. _____ **Parent/Legal Guardian Initials**

Executed this _____ day of _____, 20____.

Signature (parent or legal guardian): _____

Printed Name (parent or legal guardian): _____

Emergency Phone Number(s): _____

Child's Name: _____ DOB: _____

Health Insurance Carrier: _____ Policy Number: _____

Subscriber's Name: _____ Allergies / Medications: _____