

Medical Consent Form – LifeSpring Christian Church

Please complete the following questions on any child under the age of eighteen. This form will become part of LifeSpring Christian Church's permanent file. A minor might not be treated without this form.

Name: _____ Birthday: _____ Sex: _____ Grade: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Email: _____

EMERGENCY INFORMATION:

Parent/Guardian: _____ Phone: () _____
Business Ph. () _____

Alternate Contact: _____ Phone: () _____
Business Ph. () _____

If attempts to reach the above contacts are unsuccessful, please try to reach our pediatrician or physician.

Name: _____ Phone: () _____

HEALTH HISTORY:

Allergies Asthma Insect Stings Drug Allergies
Hay Fever Other: _____

MAJOR PROBLEMS:

Diabetes Nervous Disorder Chronic Asthma Other _____
Epilepsy Seizure Disorder Physical Handicap Cardiac
Emotional Handicap Mental Handicap

If you have checked any of the above, please give specific details:

Activity restrictions: _____

Date of last Tetanus shot: _____

INSURANCE INFORMATION:

Policyholder: _____

Name of Insurance Company: _____

Policy Number: _____

This health history is correct, to the best of my knowledge, and the person herin described has permission to engage in all church activities except as noted.

In the event I cannot be reached in an emergency during any church activity, I hereby give my permission to the physician or dentist selected by LifeSpring Christian Church, to hospitalize, to secure proper treatment, and/or to order an injection, anesthesia or surgery for my child as deemed necessary.

I also authorize LifeSpring Christian Church to administer medical aid as required for illness or injury under a physician’s orders. This form shall be considered valid for one year from the date below.

PHOTO RELEASE

I hereby grant LifeSpring Christian Church permission to use this photo in any and all of its publications, including website entries, without payment or any other consideration.

I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge LifeSpring Christian Church from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

I do not give permission for my child’s picture to be used.

Signature of Parent/Guardian Date _____

State of Idaho)

County of _____)

On this _____ day of _____, _____, _____

Personally appeared before me, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it.

Notary Public

My Commission Expires: _____