

Eastern Hills Church of Christ Consent Form

Medical Emergency Services Allowance Release

In the event that my child, _____, has need of medical attention, I do hereby give my permission for the staff and sponsors of **EASTERN HILLS CHURCH OF CHRIST** to seek such help including emergency surgery if the particular medical emergency warrants. I understand that every effort will be made to contact me or my alternate responsible party prior to emergency medical treatment, unless the particular situation does not allow due to the threat of loss of life.

I give my child full consent to attend the activities of **EASTERN HILLS CHURCH OF CHRIST**. It is my understanding that the staff and volunteers of **EASTERN HILLS CHURCH OF CHRIST** will take all the necessary precautions to ensure the safety of my child. I do hereby release the above stated organization from any legal or financial obligation due to the injury of my above named minor.

Minor's Name: _____

Address: _____

Insurance & Policy #: _____

Allergies (food, medicine, etc.): _____

Medical Conditions: _____

Parent/Legal Guardian Name: _____

Telephone numbers where you can be reached:

Alternate person to contact in case of emergency if parent/guardian can't be reached:

Name, relationship _____ Phone _____

Transportation Allowance

My above listed child is allowed to travel with EASTERN HILLS CHURCH OF CHRIST in the transportation provided by the above named churches.

I AGREE TO THE TERMS AND CONDITIONS STATED ABOVE

Signature of Parent/Guardian

Date