

PARENTAL PERMISSION AND MEDICAL CONSENT

Name: _____ born on _____

Address: _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child (the “Child”), hereby consents to the participation by the Child in the activities conducted by Bright Angel Church of Christ, 8570 W. Bright Angel Way, Las Vegas, NV 89149 (“Organizer”) and to the participation of the Child in all events relating to the activities through July 2022.

The undersigned hereby further authorizes the staff, employees, agents and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor’s office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, and performance of operations, diagnostic and other procedures.

If there is no medical emergency, the Organizer will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

The Organizer will use reasonable care in conducting all of its youth activities but parent(s) and/or guardian(s) understand that Organizer cannot be responsible for the improper acts of the Child or third parties.

This Consent Form may be revoked with written notice to Organizer and the revocation will be noted on this document and all copies. A copy of this document may be relied on to the same extent as the original unless the health care provider has actual knowledge of revocation.

Signed on _____, at _____, _____.
(date) (city) (state)

Signature of Parent

Signature of Parent

Print Name

Print Name

Child Care Information and Instructions

Child's Name: _____ Age: _____ Nickname: _____

Parent(s) and Other Contacts

Mother's Name: _____ Home Phone: _____ Cell: _____

Father's Name: _____ Home Phone: _____ Cell: _____

Address: _____

Second Contact Name: _____ Relationship: _____

Phone Number: _____ Cell Phone: _____

Medical/Health/Insurance Care Information

Child's Doctor Name: _____

Address: _____

Office Telephone: _____ After- Hours Number: _____

Health Insurance Company: _____

Group or Policy Number: _____

Telephone Number: _____

Medications: _____

Allergies: _____

Special Conditions: _____
