

**MEDICAL CONSENT FOR TREATMENT OF A MINOR/  
GRACE COMMUNITY CHURCH CONSENT TO ATTEND EVENT**

In the event my child needs medical treatment and the treating facility cannot reach me, I authorize the following adult(s) to give consent for medical treatment, including emergency surgery:

Name of authorized adult: \_\_\_\_\_

Name of authorized adult: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health insurance company: \_\_\_\_\_

Health insurance group #: \_\_\_\_\_

Contact person in Emergency (other than parent/guardian): \_\_\_\_\_

\_\_\_\_\_ Contact Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications currently taken: \_\_\_\_\_

\_\_\_\_\_

I hereby give consent for my child, \_\_\_\_\_

to attend the following Grace Community Church sponsored youth event:

\_\_\_\_\_

from (date): \_\_\_\_\_ to: \_\_\_\_\_

I understand that \_\_\_\_\_ will be the adult supervising this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_