

# MEDICAL CONSENT FORM

This medical consent form relates to the below named minor child:

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ MALE or FEMALE DATE OF BIRTH: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I hereby affirm that I consent that said child may participate in activities sponsored by Stonegate Fellowship, 6000 W. Wadley, Midland, Texas until the termination of this medical consent form. During that time, if said child becomes ill or sustains an injury while engaging in such activity when I am not present, I hereby give my consent and permission to those in charge of the activity to administer first aid as deemed advisable by them.

In the event of such illness or injury, I further consent to an X-ray examination, anesthetic, medical, dental or surgical diagnosis, treatment, emergency room care, and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision of, and upon the advice of, a duly licensed physician and/or surgeon.

As further assistance, I am providing answers to the following questions:

Any special health problems or allergies: \_\_\_\_\_

Describe: \_\_\_\_\_

Any medications: (name/dose/prescribing physician) \_\_\_\_\_

Please list any medications your child is allergic to: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

Regular doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance company name: \_\_\_\_\_

Policy number(s): \_\_\_\_\_

I understand and agree that this medical consent form will be effective until DECEMBER 31, 2008, but with the understanding that I may revoke this medical consent by written notice, delivered to a member of the pastoral staff or the program staff of Stonegate Fellowship, Midland, Texas which such notice shall be effective upon its receipt unless at such time my child is away from the church, engaged in an activity of the church, in which event the revocation will be effective when my child returns home or to my custody.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

***MUST BE SIGNED BEFORE A NOTARY PUBLIC!***

STATE OF TEXAS, COUNTY OF MIDLAND

On this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_ personally appeared before me the above named:

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN

who acknowledged the execution of the foregoing form and stated under oath that the information therein set out is true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public