

# CONSENT FOR MEDICAL TREATMENT WAIVER OF LIABILITY

High School \_\_\_\_\_

Middle School \_\_\_\_\_

I/We, \_\_\_\_\_,

the PARENT(S)/GUARDIAN(S) of

\_\_\_\_\_, a minor,

do hereby consent to said minor traveling with First Student Ministries of Salem First Church of the Nazarene of Salem, Oregon, USA, on **January 1, 2009, through and including December 31, 2009**. We understand that some or all of the activities in which our child may participate may involve a certain element of risk to his/her personal safety, either from the activity itself and/or in the transportation to and from the activity. However, we wish for our child to participate in the activities despite the potential risks and wish to assume those risks ourselves, to the extent that his/her damages are not covered by the Church's liability insurance. Therefore, in consideration of allowing our child to participate in the activities, we hereby waive and release the Church, its staff, and all persons organizing or participating in the activities from all uninsured liability for any injury to our child or to his/her property arising out of our child's participation in the activities.

In case of emergency, we hereby give permission to the physician selected by Greg Hall, to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, surgery, or dental diagnosis for our said minor child during the period of time specified above. We hereby consent and grant Greg Hall, full right and authority to act for us in any matter pertaining to the care or control of our child named above during the specified period of time. In addition, as parent(s)/guardian(s), I/we shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our child to return home due to medical reasons, behavioral problems, or otherwise, we as parent or guardian shall assume all transportation costs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Date

## Emergency telephone numbers:

Please list in order that we should call in an emergency. (specify: home, mother's work, father's cell, etc.)

1<sup>st</sup> phone #: \_\_\_\_\_

2<sup>nd</sup> phone #: \_\_\_\_\_

3<sup>rd</sup> phone #: \_\_\_\_\_