

PARENT/GUARDIAN CONSENT FORM

Child's Name (Last)	(First)	(Middle)	
Address	City	State	ZIP Code
Parent/Guardian Name (Last)	(First)	(Middle)	
Telephone	Cell	E-Mail	
<p>Student ministry events throughout the year will be held on campus at Hope Community Church (1831 East 21st Street, Andover KS 67002) and off site at various locations. The intent of this form is to gain your permission to transport your child and have them participate in the different activities we engage in throughout the 2010-2011 school year (September 1, 2010 - August 31, 2011).</p>			

As the parent or legal guardian of my child, _____, I hereby consent for my child to attend and participate in all activities provided as described above.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Print Name	
Signature	Date

Every effort will be made to contact the signer of this authorization before treatment is authorized whenever possible. This Authorization for Medical Treatment may be a photocopy hereof and shall be as valid as an original copy. The undersigned acknowledges and agrees that the Hope Community Church Parties shall not be legally or financially liable for any bill or expense incurred in, or any cause of action or claim arising from, the provision of any Treatment or the failure to provide or seek any Treatment. In consideration on Minor's participation in one or more events sponsored by the Church, the undersigned hereby agrees to indemnify, defend, and hold harmless Hope Community Church from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys' fees and other costs of defense) in connection with any and all actions, suits, claims, or demands that may be brought or instituted against any Hope Community Church Party and arise out of or result from the provision of any Treatment or the failure to provide or seek any Treatment. This paragraph shall survive any termination or expiration of the Authorization for Medical Treatment for any reason.