

LIABILITY/CONSENT FORM

Student's Name _____ Age _____ Birthdate _____
Address _____ Phone (____) _____
City _____ State _____ Zip Code _____
School _____ Grade in or just completed _____
Parent(s) business phones _____

To whom it may concern:

The undersigned does hereby give permission for (name of child) _____, to attend and participate in activities sponsored by the **Winchester Church of God** (dates) _____.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) 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 (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the **Winchester Church of God.**

Hospital Insurance Yes ☐ No ☐

Insurance Company: _____ Policy Number: _____

Physician Name and Number: _____

Emergency Contact Person and Number: _____

(Participant's Signature and Date)

(Parent/Legal Guardian Signature and Date)

Please list any allergies, special medical problems, and any medications that your child may have. If need more space, please list on separate sheet and attach. Thank you.

