

L A U R E L C O M M U N I T Y C H U R C H Y O O T H M I N I S T R Y

PARENT PERMISSION/CONSENT TO TREAT FORM

Name \_\_\_\_\_  
Phone# ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, & /Zip \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_

I give permission for my child named above, to join **Laurel Community Church** of Hillsboro Oregon for the \_\_\_\_\_ (event).  
I understand that the group will be traveling by \_\_\_\_\_.

I hereby release **Laurel Community Church**, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

**Signature of natural parent or legal guardian:**

\_\_\_\_\_

Date \_\_\_\_\_ Emergency # ( ) \_\_\_\_\_  
Beeper or Alternate # ( ) \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies \_\_\_\_\_  
Medications being taken \_\_\_\_\_  
Physical handicaps or limitations \_\_\_\_\_  
Medical insurance company \_\_\_\_\_  
Policy number \_\_\_\_\_  
Member's name \_\_\_\_\_