

MEDICAL CONSENT FORM

**Junior High Weekend
October 14th-16th 2011**

In the event that our child, _____,
becomes ill or sustains an injury while attending Junior High Weekend
with the Walnut Hills Baptist Youth Group, I, the undersigned, give
my permission to those in charge to take whatever steps are
necessary to stop any bleeding and to administer first aid.

I also consent to an X-ray examination, anesthetic, medical (or dental) or surgical
diagnosis and treatment and hospital care, and the administration of drugs or
medicine to be rendered to my child under the general or specialized supervision
and upon the advice of a duly licensed physician and/or surgeon.

I understand that this consent will apply to all emergency situations which may
occur during the course of this event, and that a copy of this form is as valid as the
original.

Date: _____
(Signature of parent or local guardian)

Address: _____

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Pager Number: _____

ANY SPECIAL HEALTH PROBLEMS? DESCRIBE:

ANY MEDICATIONS? (Name/Dose/Prescribing physician)

Family Doctor:
Name _____ Phone _____

Medical Insurance Company _____

Address _____

Policy # _____

Name of policyholder _____