

The Celebration Center Medical Consent and Release Form

I, the undersigned, certify that I am the lawful guardian of or parent in lawful custody over the child or children named below:

I hereby give permission for the named child or children to participate in any youth related events, including field trips and travel, sponsored, attended or approved by The Celebration Center. I acknowledge that The Celebration Center is a ministry and charitable organization and I agree to assume financial responsibility for treatment of any injuries or medical needs of the child or children named herein that may occur while in the company, care or custody of The Celebration Center leaders, agents or employees, including any transportation costs.

I hereby give The Celebration Center full authority to act on behalf of the child or children named herein to obtain any medical treatment, or administer my child medication, when in the discretion of The Celebration Center's leaders, agents or employee's, medication or medical treatment is deemed proper for any injury or medical condition. The Celebration Center agrees to attempt to contact me as soon as practicable concerning any emergency or other medical treatment obtained for this child or these children, in advance if circumstances allow. I agree to pay for and hold harmless The Celebration Center, its leaders, agents and employees, for any medical, hospital, physician, pharmacy or other expense associated with any medical treatment for the child named herein when medical treatment appears proper in the discretion of The Celebration Center's leader, agent or employee.

I hereby grant to any licensed medical facility, hospital, physician, nurse, pharmacist or other licensed medical professional my permission and authority to provide medical treatment to the child or children named herein, in my absence, upon receipt of this consent form or a copy thereof. In the event I am not reasonably available to consent to medical treatment, I hereby grant The Celebration Center's leader, agent or employee accompanying or admitting my child or children to consent to any medical treatments or procedures deemed necessary or proper by a treating physician, nurse, pharmacist or other licensed medical professional.

For and in consideration of the services rendered to my child or children by The Celebration Center, I hereby release, forever discharge, and covenant not to sue or bring legal action against The Celebration Center, its leaders, agents and employees with respect to the care, supervision, medical treatment and transportation provided to my child or children in their care. By signing below, I certify that I am the lawful guardian of or parent in lawful custody over the child or children named herein and I further agree to release The Celebration Center from liability as outlined above. In the event any part of this document is deemed void and unenforceable, the remaining parts of the agreement shall remain in full force and effect.

Signed: _____

Date: _____

Name _____ Age _____

Street _____

City _____ State _____ Zip Code _____

Phone (____) _____ Birth Date _____

School _____ Grade in or just completed _____

Mother's Name _____

Home _____ Work _____ Cell _____

Email address _____

Father's Name _____

Home _____ Work _____ Cell _____

Email address _____

Medical Insurance Co. _____ Policy Number _____

Physician _____ Phone (____) _____

Health Factors (such as medications, allergies, restrictions, current conditions, etc. _____

Date of last Tetanus shot _____
