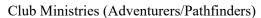
Montana Conference of Seventh-day Adventists

Medical Consent





Child's name _____



_Age _____ DOB _____

Guardian and Emergency Contact Information

This form must be filled out at the beginning of every year to cover the activities for the year.

A copy of each child's form must be taken on off-site activities.

Gender		
Address		
Father/Guardian	Work #	
Cell#		
Mother/Guardian	Work #	
Cell#		
Emergency Contact	Work #	
Cell#		
Attendee's He	ealth Record & Medical Info	ormation
Child's Physician's Name		
Phone:		
Insurance Carrier		
Member #/ID		
Group #		
Does the child have any medical restrictions?	Yes No	
Explain		
Does the child have any activity restrictions?	Yes No	
Explain		

Allergies – list specifics Sinusitis Heart trouble 0 0 **Bronchitis** Diabetes 0 Fainting 0 Asthma Upset stomach 0 Bedwetting Kidney trouble 0 Dietary restriction Seizures Psychological needs Sleepwalking Allergen Reaction **Treatment** Drug(s) Food item(s) Plant(s) Animal(s) Bee/Insect sting(s) Other Date of last tetanus shot **Medications** Is the child currently taking medications? Yes No **Medication Name** Dosage **Medical and Liability Release** I/we, the undersigned parent or guardian of the above-named child, a minor, do hereby consent to any x-ray, examination, anesthetic, medical, surgical, diagnosis, or treatment and hospital service that may be rendered to said minor under the general or special instruction of the named medical clinic or my child's doctor, or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize the Montana Conference of Seventh-day Adventists or the physician to exercise the best judgment as to the requirements of such diagnosis or treatment. I/we waive and release the local church, Montana Conference, North Pacific Union Conference, North American Division, and General Conference of Seventh-day Adventists from any and all liability for actions taken on behalf and for the care of the child. We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish the General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital medical records. A photocopy of this authorization shall be considered as effective and valid as the original. Parent/Guardian Name Parent/Guardian Signature

History