

# Consent for Medical Care, Travel & Religious Participation

Bentonville Youth Group / Bentonville Church of Christ

I/We, \_\_\_\_\_, the \_\_\_\_\_  
Name(s) relationship

of \_\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_) do hereby give consent for said child to:  
Child Date of birth

1. *Receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon. I/We understand that I/we retain financial responsibility for my child's medical or surgical care.*
2. *Travel with the Bentonville Church of Christ. I/We further release the Bentonville Church of Christ and adult chaperones from any liabilities for injuries and damages to said child or their belongings which might occur in the course of travel.*
3. *Participate in religious activities and training by the adults of the Bentonville Church of Christ.*
4. *Have their personal belongings checked by the adult chaperones, in the event that it is necessary, for items not permitted on such trips.*

### Medical Information/Emergency Contact Information

*See reverse for more information*

### Power of Attorney

I/We give permission for the release of medical records for the above minor \_\_\_\_\_  
to any adult chaperone connected with the Bentonville Church of Christ. Initials

### Media & Information Release (OPT OUT)

The Bentonville Youth Group can be found on a number of sites on the Internet (church website, Facebook, Twitter, etc.). There are times when photographs of events taken by the Bentonville Church of Christ or adult chaperones may be published on one or all of these sites, or in publications by the youth group. I/We ***do not*** give permission for pictures of this teen to be placed on the Internet or used in publications. \_\_\_\_\_  
Initials

### Parental Consent

I/We give these consents for medical care, travel, and religious participation for the above child freely and without coercion.

\_\_\_\_\_  
Signature (Guardian #1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Guardian #2) if appropriate

\_\_\_\_\_  
Date

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## In Case of Emergency:

\_\_\_\_\_  
Name, relationship Phone

If the above person can pick up your child in case of emergency, please initial here.  
Otherwise, please give the name & relationship below of a person who can pick up your child.

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Name, relationship Phone

## Physician Information:

\_\_\_\_\_  
Physician Phone

## Insurance Information:

\_\_\_\_\_  
Insurance Company Policy Number Group Number (if necessary)

\_\_\_\_\_  
Policy Holder's Name Policy Holder's Date of Birth Policy Holder's SSN

\_\_\_\_\_  
Employer's Name & Address (if company policy)

## Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Regular/Daily Medicines: (attach additional sheets for more medicines)

\_\_\_\_\_  
Medicine Dosage Frequency

\_\_\_\_\_  
Medicine Dosage Frequency

\_\_\_\_\_  
Medicine Dosage Frequency

**OTC Medication:** I/We give permission for the dispensing of the following over-the-counter medicines if needed. \_\_\_\_\_  
Initials

*Note: A temperature of 100+ degrees will result in an immediate call to parents/guardians to determine what type of treatment/medicines will be administered.*

*Please check the OTC medicines below that are acceptable to give to your teen, as needed.*

Acetaminophen (Tylenol)  Dramamine (for motion sickness)  Antacid tablets (Rolaids, Tums)

Ibuprofen (Advil, Motrin)  Antibiotic cream/gel (Neosporin)  Imodium A-D (tablet/liquid)

Benadryl (oral/for allergic reactions)  Other \_\_\_\_\_  Other \_\_\_\_\_