

Consent to Medical Treatment and Hospital Services

This will certify that I/We, the Parent(s)/Guardian(s) of _____,
(Child=s Name)

do in the event that my child/children becomes a participating youth of the Churches of Christ Mississippi State Youth Conference, hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or by a qualified attending physician, including the administration of an anesthetic, laboratory procedures medical or surgical treatment, x-ray examination or other hospital services.

Hospitalization Insurance Company: _____

Policy Holder=s Name: _____ Policy No. _____

Soc. Sec. No. _____ Youth=s Soc. Sec. No. _____

Address of Parent(s)/Guardian(s): _____

Telephone No. _____ Signature: _____

Date: _____

Grant of Medical Authority and Release

I/We, am/are the parent(s) and/or legal guardian(s) of _____,
(Child=s Name)

and by virtue of such relationship, do hereby give the Churches of Christ Mississippi State Youth Conference and to any and all members of its medical board, under the leadership of its Board of Directors, the unqualified right and authority to take whatever reasonable action or procedures, including the execution of any documents or instruments which may be required or necessary by emergency circumstances, to obtain medical, hospital or surgical care or treatment by a legally qualified physician or surgeon if such care or treatment is deemed necessary by the physician or surgeon for and on behalf of _____.

(Child=s Name)

This authority to act on my/our behalf shall not be affected by temporary or permanent disability, incompetency or incapacity. I/We understand that the Mississippi State Youth Conference will attempt to contact me/us before authorizing such medical treatment/services.

I/We do hereby release and discharge the Mississippi State Youth Conference Churches of Christ and all its agents, staff, and medical personnel from any and all claims, demands, and liabilities to me/us or to my minor child, on account of any and all injuries or damages, whether direct or indirect commissioned by and through the exercise of authority granted in the foregoing paragraph.

I/We do further accept the financial responsibility for all medical attention which may be needed so long as this medical attempt is prescribed by a legally licensed and qualified physician or surgeon. I/We will be responsible for filing any and all claims, if any, with my/our insurance company.

The provisions of this agreement are servable. If any portion of it is invalid, it shall not affect the validity of the remainder. In witness whereof, I/we, have hereunto set my/our hand this the _____ day of _____, 20_____.

Signature of Parent(s)/Legal Guardian(s)

Signature of Parent(s)/Legal Guardian(s)