Holland Park Church Student Ministries

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

Effective dates: August 1, 2025– July 31, 2026

Student's Name _____ Age_____ Birth date _____

Address _____

City _____ State _____ Zip code _____

School _____ Grade _____

Student's Email _____ Student's Cell: _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Mother's Email _____

Father's Name _____ Work Phone _____ Cell Phone_____

Father's Email _____

Emergency contact if unable to reach parents:

Name _____ Relationship _____ Phone _____

MEDICAL INFORMATION:

Name of Physician _____ Phone _____

Health Insurance Company _____ Policy # _____

Non-prescription medication allowed: **Circle** all that apply

Tylenol Advil Benadryl Pepto Bismol Cough Drops Tums

Prescription medication to be administered:

Medication	**Time(s) to Administer**
_____	_____
_____	_____

Special Instructions

_____

Allergies/Medical Conditions/Special Considerations staff should know about your child:

_____

_____

_____

Please complete the reverse side of this form and have your signature notarized.

Liability Release
(Release of All Claims)

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I do hereby release, forever discharge and agree to hold harmless Holland Park Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in activities organized by the church. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and any adults recognized as youth leaders by Holland Park Church for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

Signed this _____ day of _____, _____

The undersigned further gives consent for all necessary and appropriate medical diagnosis or treatment and hospital care which is deemed advisable by, and is to rendered under, general, or special supervision of any physician or surgeon licensed to practice medicine.

It is understood that this authorization, which is valid **August 1, 2025– July 31, 2026** unless sooner terminated, is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power on the part of my aforesaid to give specific consent to any physician in the exercise of their best medical judgment is deemed advisable, and is in the best interest of the child and that I assume all financial responsibility for the delivery of such care. Further, should it be necessary for the participant to return home due to medical or disciplinary reasons, I will assume all costs.

Please sign in the presence of Notary only

_____ **Date** _____

Parent or guardian

Subscribed and sworn to before me

This _____ day of _____, _____

SC Notary _____

My Commission expires _____