



# THE CHURCH OF ST. MICHAEL AND ST. GEORGE

6345 WYDOWN BLVD. ST. LOUIS, MO 63105 | 314.721.1502

## YOUTH MINISTRY MEDICAL CONSENT FORM 2019-2020

(Valid until Dec. 31, 2020)

1<sup>st</sup> Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade (as of fall, 2019): \_\_\_\_\_

2<sup>nd</sup> Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade (as of fall, 2019): \_\_\_\_\_

3<sup>rd</sup> Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade (as of fall, 2019): \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_

Parent(s) Phones: \_\_\_\_\_

### To Whom It May Concern:

I (we), the undersigned do hereby give permission for my (our) child(ren), \_\_\_\_\_ to attend and participate in activities sponsored by the Church of St. Michael and St. George Youth Group from now until December 31, 2019. I understand that youth activities, such as sports, field trips and other activities, carry with them a certain degree or risk.

I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree (s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for his/her (their) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Church of St. Michael and St. George.

I (we) understand that all events will be photographed and/or videotaped, and those pictures and video may be used in future publicity at the church and posted on the CSMSG youth website photo galleries.

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Emergency phone numbers: \_\_\_\_\_

### SIGNATURE(S):

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Below, please list any allergies, medical concerns, or restrictions your child(ren) have.**

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