

AUTHORIZATION AND CONSENT FOR THE MEDICAL TREATMENT OF MINORS  
West Center Baptist Church, 322 West Center St. Madison, SD 57042 (605) 480-3027

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ S.S.# \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ S.S.# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

EMERGENCY CONTACTS: Please list someone who would be responsible for your child if you cannot be located:

\_\_\_\_\_  
Name Relationship Home Number Work Number

\_\_\_\_\_  
Name Relationship Home Number Work Number

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Pager: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Pager: \_\_\_\_\_

Medical Insurance Company & Group Cert. or ID#: \_\_\_\_\_

SPECIAL HEALTH INSTRUCTIONS AND/OR ALLERGIES:

Date of last Tetanus shot: \_\_\_\_\_ Allergies to any food/medications/insect bites: \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

I/We the undersigned give our permission for the above student to participate in all activities sponsored by West Center Baptist Church, both on, or away from the church.

The undersigned, who is one of the parents or legal guardians of the above named student, a minor, herein authorizes all adult sponsors, or any responsible adult person bearing this written authorization into whose care the above mentioned minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or specific supervision and upon the advice of a physician and/or surgeon licensed to practice in the State of South Dakota, or where the activity occurs, and to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed in the State of South Dakota, or the state where the activity occurs.

It is understood that this authorization is given to West Center Baptist Church for all church sponsored activities. Every effort will be taken to locate you before any action is taken. All medical expenses will be accepted by the parents/guardians. West Center Baptist Church is absolved of any or all liability for accidents or injuries received during any or all church sponsored activities.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_