

**MEDICAL AUTHORIZATION AND PARTICIPATION AGREEMENT FOR MINORS
and
LIABILITY RELEASE FOR MINORS**

Beaverton Christian Church
13600 SW Allen Blvd.
Beaverton, OR 97005 - (503) 646-2151

As parent or guardian, I/we hereby give my/our permission for _____, my/our minor child, to attend activities organized or sponsored by BEAVERTON CHRISTIAN CHURCH through **August 31, 2017**.

In the event of any emergency requiring medical care or treatment and I/we cannot be reached, I/we hereby authorize the staff personnel of Beaverton Christian Church to act in my stead and give permission for any medically necessary care or treatment of my/our minor child. I hereby give permission for any attending physician and/or hospital staff personnel to take any reasonable action necessary for my/our minor child's well being, including hospitalization, anesthesia, injection, x-rays and surgery. Any directions to the contrary are set out below. Should the need arise; I also authorize Beaverton Christian Church and its leaders to incur any necessary expenses for such services in the event of accident or illness. I agree to make arrangements to provide payment for these expenses within one week of the incident.

I agree that Beaverton Christian church and/or its leaders are not liable for any accident or incident related to either the planned event or transportation to or from that event. Nor are they liable for any injuries sustained or any lost, stolen or damaged articles.

Please notify me/us immediately concerning any such emergency.

Parent's/Guardian's Signature Date Day Phone Evening Phone

Parent's/Guardian's Signature Date Day Phone Evening Phone

Alternative Contact Name (Printed) Day Phone Evening Phone

MINOR CHILD INFORMATION

Medication(s) currently prescribed or needed: Date of Birth _____ Year Graduating High School: _____

Child Address _____

Parent Address (if different) _____

Pre-existing Medical Conditions: Known allergies: _____

Doctor's Name _____

Doctor's Phone Number _____

Insurance Company _____

Policy Number _____

Phone Number _____

Subscriber's Name _____

Subscriber's Date of Birth _____

Subscriber's ID Number _____