



This form will be effective for participation in any Hodges Boulevard Presbyterian Church (HBPC) Ministry activities that begin on or after the date this document is signed ending on June 30, 2024.

- 1. PARTICIPANT INFORMATION
- 2. AUTHORIZATION FOR MEDICAL TREATMENT

PARTICIPANT INFORMATION (PLEASE PRINT LEGIBLY)

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Age: _____ Sex: _____ Male _____ Female

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Primary Email Address: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Relationship to Minor: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Relationship to Minor: _____

Cell Phone: _____ Work Phone: _____

We, _____ and _____ are the parents or legal guardians ("Participant's Guardians") of _____, a minor child under 18 years of age ("Participant").

AUTHORIZATION FOR MEDICAL TREATMENT

Participant's Guardians authorize and consent to a member of the HBPC's Leadership Team, including a Ministry Team Member, Camp Leader or Staff Member (hereafter "HBPC Designee"), to administer general first aid treatment for any minor injuries or illnesses experienced by Participant. If the injury or illness is life threatening or Participant is in need of emergency treatment, Participant's Guardians authorize the HBPC Designee to summon all professional emergency personnel to attend, transport and treat Participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state or country in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the HBPC Designee in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Participant's Guardians assume personal responsibility for all medical bills and certify that they have secured primary medical insurance for Participant. Furthermore, should it be necessary for Participant to return home for medical reasons, due to disciplinary action or otherwise, Participant's Guardians hereby assume responsibility for all related transportation and/or communication costs.

X _____
Signature of Parent/Guardian

Date