

Michigan Conference of Seventh-day Adventists

CONSENT TO TREAT (MINORS) - HEALTH INSURANCE INFORMATION

A separate consent form is needed for each minor child. If you have more than one attending with you, please make an additional copy of this sheet for each child. If you are bringing minors who are not yours, you must also have this form signed by the parents/legal guardian of the minors who will be in your care, custody and control during camp meeting.

I/we, the undersigned parent(s) or **legal** guardian of (please print) _____, a minor, date of birth, _____, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to my child as a result of any accident or sickness that may occur to my child during his/her stay on the Michigan Adventist Campground (campground) at Cedar Lake, Michigan.

In the event emergency medical treatment becomes necessary for my child, I/we grant to the Michigan Conference of Seventh-day Adventists (Michigan Conference), and its affiliates, its agents and its designees, authority to obtain such emergency medical assistance. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize the Michigan Conference and its affiliates, its agents and its designees, or the physician, medical facility or other medical provider, to render such emergency medical assistance as is deemed necessary in the exercise of their professional judgment as to the requirements of such medical assistance.

This consent shall remain in effect as long as the said minor remains on the campground at Cedar Lake, Michigan, for the purpose of attending the June 2021 camp meeting session. (A special consent form for authorized, supervised trips away from the campground, will be available at camp meeting.)

THE ABOVE NAMED MINOR IS _____ IS NOT _____ COVERED BY HEALTH INSURANCE.

Present Health Insurance Company _____

Policy Number _____ Named **Policy Holder** _____

Date Signature of Father

Signature of Mother

Signature of **Legal** Guardian

Name of **Parent/Legal Guardian** (print) _____

Address _____

Street City Zip Code State

Phone _____ (Day) _____ (Evening) _____

With whom will this child be staying on the grounds? _____ **Relationship** _____

Mail to: If mailing with Accommodation/Reservation Application, send to Camp Meeting Reservations, Michigan Conference of SDA, PO Box 24187, Lansing, MI 48909. If mailing with Employment Application, send to CM Employment/Volunteer Committee at the same address.