

Michigan Conference of Seventh-day Adventists

CONSENT FOR MEDICAL TREATMENT OF MINORS AUTHORIZATION FORM

Authorization & Consent of Parent(s) or Legal Guardian(s)

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 and authorize the Michigan Conference of Seventh-day Adventists (Michigan Conference), and its affiliates, its agents and its designees, (hereinafter "Caregiver") authority to issue consent for necessary medical care as deemed by any licensed physician, surgeon, dentist, hospital, or other medial professional or institution duly licensed to practice in the state in which such treatment is to occur. This includes any X-ray, anesthetic, blood transfusion, medication, or any other medical treatment and hospital service that may be rendered to my child as a result of any accident or sickness that may occur during his/her stay on the Michigan Adventist Campground at Cedar Lake, Michigan. 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 Caregiver, 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.

In making medical decisions on my behalf for the benefit of the Minor, I direct the Caregiver to attempt to contact me. Additionally, I authorize the health care provider to discuss in full with the Caregiver any medical information that is required to help the treatment of the Minor. I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of the Minor and that I assume financial responsibility for such medical care.

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 2019 camp meeting session. (A special consent form for authorized, supervised trips away from the campground, will be available at camp meeting.)

Signed, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

This authorization is effective through \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Parent/legal Guardian

Printed Name of Witness

Primary Phone of Parent/legal Guardian

Signature of Witness

Printed Name of Parent/legal Guardian

Work Phone of Parent/Legal Guardian

Minor's Pertinent Health Information

Minor's Full Legal Name

Medications

Minor's Date of Birth

Home Address

Allergies

City, State ZIP

Health Insurance Carrier

Date of Last Tetanus Shot

Health Insurance Policy # & Group #

Other Pertinent Medical History