**Berlin Mennonite Church**

**Consent to Participate, Emergency Contact Info. and**

**Consent to Treat Form - Minor**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female (circle one)

Name of Parent(s) or Guardian(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth: \_\_/\_\_/\_\_\_\_ Grade (or grade entering if it is summer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle all programs in which your child has permission to participate:

All Sunday School VBS JYF MYF Choir Family Nights Children’s Church Other\_\_\_\_

List any activities the child is not permitted to engage in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Email to send schedules, etc.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name and relationship to child Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have food allergies? \_\_\_\_yes\_\_\_\_no Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special concerns of which leaders should be aware? \_\_\_\_yes \_\_\_\_no

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation and Release Instruction**

Name of person who usually transports child to activities, relationship, if not parents and typical location during Sunday School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that Apply:

\_\_\_\_My child may leave on his/her own after activities. (for children in 3rd grade or older)

\_\_\_\_My child needs to wait to be picked up.

Person(s) authorized to pick up child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_My child may ride with staff and volunteers to regularly scheduled activities.

\_\_\_\_My child is a licensed driver and I give my permission for them to drive other youth for local MYF events.

\_\_\_\_I give my permission for my child to ride with a licensed youth, appointed by the MYF sponsors for local MYF events.

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Male/Female

Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facts concerning the child’s medical history, INCLUDING ALLERGIES, medications being taken, and any physical impairment to which a physician should be alerted – please attach an extra sheet.

**Consent to Treatment.** I authorize and consent to any diagnostic examinations, administration of anesthetics and/or drugs, medical and/or surgical treatment, and hospital care required to be rendered to our child under the general or special supervision and on the advice of physicians, surgeons, anesthesiologists, dentists, or ophthalmologists licensed in the location where treatment is rendered, or by other qualified medical personnel acting under their supervision. We further consent to the release of any medical records and medical information for our child between any medical providers under this Consent and our child’s customary medical providers and any Berlin Mennonite Church staff or volunteer accompanying our child in seeking treatment while such child is under the authority of Berlin Mennonite Church, its staff and volunteers (collectively “Church”). Minor treatment not normally requiring a physician and life-saving emergency treatment may be rendered to our child by any person. **Notification.** With the exceptions of minor treatment not normally requiring a physician and life saving emergency treatment, reasonable attempts to reach me or another parent or guardian at the numbers listed above shall be made by such treating person or facility prior to such treatment if notification will not jeopardize our child’s good health, or immediately after such treatment if the delay for notification may jeopardize his/her good health. Major surgery should not be conducted without the consent of one of the undersigned unless at least one other qualified (physician, dentist, ophthalmologist, or other licensed professional according to the situation) medical opinion concurs with the need for such immediate major surgery without the consent of one of the undersigned.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian Date

Photo Release (Initial One Choice)

\_\_\_\_ I give permission for the pictures of my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be released to the public.

\_\_\_\_ I do NOT give permission for the pictures of my child to be released to the public.

**Expiration.** This Consent EXPIRES one year from the date of the signature below (unless extended via review and initialing).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

Date\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Adopted July 2015