**Parental Consent/Medical Treatment Form**

(AGK) Kansas District Council Assemblies of God, Kids Intermission

Supervising Adult: Gail Starnes

I, the undersigned parent or guardian of , a minor, give permission for above listed minor to be transported to the offsite field trip(s) located at Overland Park First Assembly of God and/or Deanna Rose Farms for activities that may include but are not limited to, a wagon ride, pony ride, fishing, playground activity, mining and bottle feeding farm animals, and do hereby authorize adult workers with the (AGK) Kansas District Council Assemblies of God Kids Intermission to consent to any examination, x‑ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to release and hold blameless any physician, hospital or other medical center for their negligent acts or omissions while rendering such service.

Insurance Company or Group:

Policy Number:

(Please print the following information)

Name of Participant: Parent or Guardian:

Address:

City: State: Zip:

Daytime Phone: Evening Phone:

Allergies or special needs, instructions etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent or Guardian date

My signature confirms that I hereby give witness to the proper completion of this form by the minor's parent or guardian.

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Signature of Witness date