

Consent for Medical Treatment

The purpose of this consent form is to permit the treatment of minors who become ill or injured when the parents or guardians cannot be reached to give consent for treatment. Every reasonable attempt will be made to contact the parent(s)/guardian listed on this electronic form.

The parent(s)/guardian authorizes the representative of Central Reformed Church to secure medical/dental treatment for the youth named in registration form in case of any illness or accident for which the event director/responsible adult or first aid personnel feels professional medical attention is required. I/we hereby give permission to the administration of any and all necessary medical treatment by a licensed physician or dentist in his/her office or at a hospital.