

**SUMMERSIDE COMMUNITY CHURCH**  
**MEDICAL CONSENT FORM**

Child's name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Date of Birth (M/D/Y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Health Care # \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Allergies \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our volunteers should be aware of? If yes, please explain.

Parent(s)/Guardian(s) Name \_\_\_\_\_  
In case of an emergency, contact \_\_\_\_\_

**The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.**

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I/we, the parents or guardians named above, authorize \_\_\_\_\_ or one of the Summerside Community Church volunteers to administer emergency medication. \*I/we also authorize consent for medical treatment from any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named above, undertake and agree to indemnify and hold blameless \_\_\_\_\_, the volunteers, Summerside Community Church, its Pastor and Leadership Team from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Summerside Community Church, as well as of any medical treatment authorized by the supervising individuals representing the church.

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Parent(s)/Guardian(s)  
I have read, understood and agree with the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_