

**Parental Consent/Medical Treatment Form
For the Year of January 1, 2007 - December 31, 2007**

Lansing South Church of the Nazarene
401 West Holmes Road
Lansing, MI 48910

For activities and trips hosted by Lansing South Student Ministries the teenage ministry of South Church of the Nazarene.

I, the undersigned parent or guardian of (student name) _____, a minor, do hereby authorize adult workers with Lansing South Church of the Nazarene 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 hold blameless any physician, hospital or other medical center for rendering such services.

Insurance Company or Group: _____

Policy Number: _____

(Please print the following information)

Name of Participant: _____ Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Signature of Parent or Guardian: _____

Signature of witness (21 years of age or older): _____

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

Only one student per form.