

# ZAP Medical Consent Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE IN: \_\_\_\_\_

## TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) child \_\_\_\_\_ to attend and participate in the activities sponsored by the ZAP Youth Group of Southgate Church, 9820 East Watson Road, St. Louis, MO 63126 from this date until our (my) child reaches the age of 18.

We authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examinations, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed to practice, when necessary.

The undersigned shall be liable and agree to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Father \_\_\_\_\_ Date \_\_\_\_\_  
(or legal guardian)

Mother \_\_\_\_\_ Date \_\_\_\_\_

Please list any allergies, medications or medical problems on the back of this form.

Hospital Insurance: Company \_\_\_\_\_ Policy # \_\_\_\_\_

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

My commission expires: \_\_\_\_\_