

**Parent Permission Release Form**  
**Southern Gables Church**  
**4001 S Wadsworth Blvd Littleton, CO 80123**  
**(303) 986-1527**

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents phone numbers:

Dad home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Mom home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

.....  
**Authorization of consent to emergency medical treatment of minor child while participating in an activity of Southern Gables Church.**

I/We the undersigned parent(s)/guardian(s) of \_\_\_\_\_ (child's name), a minor, do hereby authorize Southern Gables Church youth ministry leaders as agent(s) for the undersigned to consent to any emergency medical care including but not limited to: x-ray examination, anesthetic, medical surgical diagnoses or treatment, and hospital care which is deemed advisable in the exercise of best judgment by, and is to be rendered under the general or specific supervision of any physician or medical practitioner licensed pursuant to Colorado law or under any other state or province where the youth activity takes place.

It is understood that this authorization is given in advance of any specific diagnoses, treatment, or hospital care being required, and its application is limited to medical emergencies that occur while the minor child is participating in activities sponsored by Southern Gables Church. Every effort will be made to reach the minor's the parent or guardian to apprise them of any medical emergency.

**Release of Southern Gables Church**

\_\_\_\_\_ (parent(s)/guardian(s) name) shall indemnify, hold free and harmless, assume liability for, and defend the Southern Gables Church, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to: attorney's fees, investigative and discovery costs, court costs, and all other sums which Southern Gable. Church, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of \_\_\_\_\_'s (child's name) use of real property or personal property belonging to Southern Gables Church, its agents, servants, employees, officers, and directors, or by action of omission by \_\_\_\_\_ (child's name).

**Other emergency contact (besides custodial parent):** \_\_\_\_\_

**Relation to Student:** \_\_\_\_\_ **Emergency contact phone number:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Medical Insurance Provider & Policy or group #:** \_\_\_\_\_ **If none, please circle NONE**

**Known Medical Conditions:** \_\_\_\_\_

**Medications:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Dates of last immunization for:**

**Tetanus** \_\_\_\_\_ **Pertussis** \_\_\_\_\_ **Diphtheria** \_\_\_\_\_ **Polio** \_\_\_\_\_ **Measles** \_\_\_\_\_

**Will you allow blood transfusion? Y / N**

**Parent or Legal Guardian Signature:** \_\_\_\_\_

Date form completed: \_\_\_\_\_ First time form has been completed for this student? Y / N

\*This form will be placed on file as long as your student is a part of this ministry.  
We will replace it if information changes, or destroy it upon written request.