

The International Protestant Church of Zürich
PARENTAL CONSENT FOR MEDICAL TREATMENT

With the increasing sophistication of our medical systems, we are finding it expedient to have parental release forms in the unlikely event of an injury requiring medical treatment.

This release gives us permission to take your child to the nearest available medical facility and have the necessary treatment administered. This is not necessary from our perspective, but from your perspective, as many hospitals will not administer any medical attention to a minor without parental consent.

Therefore, would you please read the statement in capital letters below and add your signature to it. All that this does is give us the permission to seek whatever medical attention we deem necessary.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME.

IF I CANNOT BE REACHED, I HEREBY GIVE REPRESENTATIVES OF THE INTERNATIONAL PROTESTANT CHURCH OF ZURICH (IPC) THE PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY THESE INDIVIDUALS. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE IPC AND ITS REPRESENTATIVES FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD SO LONG AS IPC NOT GROSSLY NEGLIGENT.

Name of child _____ Date of Birth _____
(please print)

Signature of parent or guardian _____

Place _____ Date _____

Student Address _____

Parent or guardian's name (please print) _____

Parent phone number(s) – please include mobile numbers _____

(Signature valid through DECEMBER 31, 2011)

If parents are not available, please call relative below:

Name _____ Phone _____

Address _____

Date of child's last vaccination _____

Does your child have any allergies? _____ (yes or no) If yes, please specify: _____

Does your child have any physical or medical conditions which would influence medical treatment? Please

Describe: _____

Child's insurance company _____ Phone # _____

Child's insurance company address _____

Insurance policy _____