



PARENTAL CONSENT AND MEDICAL RELEASE FORM

New Life Ambassadors (NLA)

(To be filled out and returned to Directors if selected)

NAME OF TEEN: _____ AGE: _____

ADDRESS: _____ STATE: _____ ZIP: _____

CELL PHONE: _____

HOME PHONE: _____ PARENTS WORK PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

1. CONSENT AND CERTIFICATION

I, _____, being the parent or legal guardian of the above named teen, do hereby consent to the participation of my child in all NLA activities.

2. MEDICAL INFORMATION

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? If yes, please explain: _____.

Is your child allergic to any type of medication? If yes please explain: _____

Does your child have any allergies other than medical? If yes, please explain: _____

Does your child have (or has had) any of the following: (circle and explain below)

Seizures diabetes asthma heart murmur kidney disease

Does your child need a special diet? If yes, please explain: _____

Does your child sleep walk? _____

Does your child know how to swim; can he/she swim in water over his/her head? _____

Does your child have any special needs or physical/mental/social challenges that the chaperones should be aware of or that would hinder his/her ability to participate in normal rigorous activity? If yes, please explain: _____

3. MEDICAL TREATMENT AUTHORIZATION:

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to an x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, either such diagnosis or treatment is rendered at the office of said physician or at said hospital. We (I) hereby release NLA, its directors and/or adult chaperones, to consent to hospital care, to be rendered to the minor by the aforesaid physician, dentist or licensed hospital.

The undersigned shall be liable and agree(s) to pay costs 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 reason or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by NLA.

INSURANCE COMPANY _____ POLICY # _____

PARENT OR LEGAL GUARDIAN _____

SIGNATURE _____ DATE _____

WITNESS SIGNATURE (non-family member) _____ DATE _____