

Hope's Point Ministries

Permission Form

I do hereby give permission for my child, _____, to attend _____ on _____.

Please make a copy for your personal files. If any of the information changes throughout the year, please re-download a new form from our website (www.hopespoint.com) and provide us with the updated information.

I, _____ (parent or guardian of) _____ do hereby authorize emergency medical personnel, emergency room personnel, hospital personnel, and treating physicians to provide necessary and appropriate emergency care, surgical care, and anesthetic care which is deemed advisable, within sound medical practice, such as the occasion demands, within their best medical judgment, in the best interests of the patient. The consent includes, but is not limited to, all treatment necessary to preserve life, limb, and the health of the patient, x-rays, diagnostic tests, blood tests, administration of medication, scans, toxicology screens, intravenous treatments, and related procedures. I understand that I assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility.

Child's Name: _____
Date of Birth: _____
Address: _____
Home Phone: _____
Emergency Contact: _____
Emergency Phone: _____
Allergies: _____
Medications: _____
Family Doctor: _____
Doctor's Phone: _____
Insurance Carrier: _____

Parent or Guardian's Signature: _____
Date: _____