



1. Pursuant to the provision of the civil code of the State of Kentucky, I the undersigned, legal guardian of _____, a minor, do hereby authorize, as agents, the adult supervisors _____ of the Ashland Church of Richmond, Kentucky, to consent to any diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act, or by a dentist licensed under the provisions of the Dental Practice Act. It is understood that this authorization is given in advance of any specific care being required, but is given to provide authority to give care which physician may, in the exercise of his/her best judgment, deem advisable.
2. I hereby authorize that the Ashland Church leaders that have training as Emergency Medical Technicians or Registered or Licensed Nurses may perform care upon my child in accordance with the level of training they have received as deemed necessary by them.
3. I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to my above named agent upon completion of treatment. This authorization is given pursuant to the Health and Safety Code.
4. I hereby release Ashland Church of Richmond, Kentucky and its' leaders (both paid and volunteer staff) from liability in case of accident.
5. I hereby request the above named agent to carry out discipline deemed necessary for my child. I also agree to pay the expenses of my child's trip home because of disciplinary action.
6. These authorizations shall remain effective until revoked in writing and delivered to said agent.

Signature _____ **Date** _____

- Check box: PARENT LEGAL GUARDIAN
 PERSON HAVING LEGAL CUSTODY (Explain)



STUDENT INFORMATION

Name _____ SSN _____

Address _____

City _____ State _____ ZIP _____ DOB _____

Medical Information (Please check and specify any past history or condition)

- Allergies Asthma Diabetes Heart Condition Hypoglycemia
- Epilepsy (or other nervous disorders) Other _____

PARENT / GUARDIAN INFORMATION

Home Phone _____ Cell Phone _____

Father's / Guardian's Name _____

Work Phone # _____ Employer _____

Mother's / Guardian's Name _____

Work Phone # _____ Employer _____

Medical Insurance Carrier _____ ID# _____

Family (Student's) Doctor _____ Dr Phone _____