

**PARENTAL AUTHORIZATION
DMGC Youth Ministry
TO CONSENT TO MEDICAL TREATMENT**

Des Moines Gospel Chapel,
21914 7th Avenue S, Des Moines WA
206-878-2145

(Print name of "MINOR" attending **DMGC YOUTH MINISTRY EVENT**)

(Print name of PARENT or Legal Guardian — and relationship)

(Emergency Contact Phone Number)

In case of emergency, every effort will be made to contact a PARENT or guardian of the MINOR named above.

The above named PARENT of the MINOR has entrusted the MINOR into the care of the **DMGC YOUTH MINISTRY**, while the MINOR participates in an activity sponsored by **DMGC**, and for the welfare of the MINOR.

The PARENT does hereby authorize the **DMGC** directors to consent to any X-ray examination, anesthetic, medical or surgical 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 surgeon licensed under the laws of the State or County in which the medical care is being sought and on the medical staff of any hospital.

1. I, the undersigned, legal guardian of

_____, a minor, do
hereby authorize, as agent(s), the adult supervisor of Des Moines Gospel Chapel, 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, surgeon and/or by a dentist. It is understood that this authorization is given an advance of any specific care being required, but it is given to provide authority to give care which a physician may, in the exercise of his/her best judgment, deem advisable.

2. 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.

3. I hereby release Des Moines Gospel Chapel and any other parties from liability in case of accident.

4. 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 any disciplinary action.

5. These authorizations shall remain effective until revoked in writing delivered to said agent.

6. I hereby authorize Des Moines Gospel Chapel to use DMGC photographs or video to be used for publication.

Signature _____

Date _____

Circle One: Parent Legal Guardian Person having legal custody