CEFC Emergency Medical/Dental Release and Consent Agreement

Participant's Name_____ Date_____

1. The Undersigned does hereby authorize CEFC's Staff to consent to IMMEDIATE FIRST AID MEDICAL CARE, any X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named Participant which is deemed advisable by and to be rendered under the general or specific supervision of any physician or surgeon, licensed under the provision of the Medical Practice Act or any dentist licensed under the Dental Practice Act, at nay hospital, dental office, or elsewhere.
2. I understand that my insurance and/or my finances will cover any such treatment, and CEFC will **not** be liable whether or not I am insured. I understand that it is **my** responsibility to inform in writing the CEFC Staff in the case that the Participant's information, insurance carrier, specified local hospital, or medical/physical condition changes. I understand that the Participant will be taken to the below stated hospital (if specified) if a CEFC staff person believes the Participant may need medical/dental attention only when the incident occurs within the city limits of the Susanville area. I understand that incidents, accidents, physical/medical, and dental emergencies which occur on retreats, camps, outings, trips, and activities outside the Susanville city limits will be treated at a nearby hospital or medical/dental facility whether or not my insurance applies at such a facility and I assume total financial responsibility for payment of all such services.
3. It is understood that an effort shall be made to contact the Undersigned prior to rendering treatment to the Participant, but that any of the above treatment will not be withheld if the Undersigned is not reached.
4. I, the Undersigned do hereby Authorize CEFC to act as my agent in presenting this agreement to any qualified medical/dental practitioners and I will not hold CEFC or such practitioners liable for treatments rendered.
5. This authorization will remain effective while the minor is in route to or from, whether participating, observing, or standing by any program or activity of CEFC unless previously revoked by the Undersigned in writing and delivered to CEFC.
6. I also give permission for the authorized CEFC Staff to administer medication my child/the Participant has to take. I will provide the medication in the original container with specific written instructions on the container for its dispensing. These will be given to the authorized CEFC Staff by me.

Youth Medical Information

Known Allergies:
_____
Date of Birth: _____ Gender _____
Current Medication:
_____
Youth's Doctor: _____ Have health insurance: yes ____no ____
Insurance Co. _____ Policy # _____
Susanville area Hospital where your insurance is accepted. (If uninsured write "any")
_____

If the parent/legal guardian cannot be reached in an emergency, please contact:

_____ (_____)_____ _____
Name Phone # (Relationship to Participant)

7. I warrant to CEFC that all the information given on this form is true, current and accurate.

X _____ _____
parent/legal guardian signature Date

_____ _____
parent/legal guardian Printed name Relationship

Phone # (Day):_____ (Night):_____

8. I as the parent/legal guardian of the Participant have read, understand and agree to the terms above and to the minor becoming a participant. **X**_____Date_____ **Parent/Legal Guardian Signature**	8. I as the Participant have read, understand and agree to the terms above. **X**_____Date_____ **Participant Signature** **X**_____ Participant is 18 or older

Rev. July 2009