

CONSENT OF PARENT OR GUARDIAN FOR MEDICAL TREATMENT AND TEMPORARY CUSTODY OF MINOR CHILD

Name of Minor: First _____ Last _____	Today's Date _____ / _____ / _____ Minor's Date of Birth _____ / _____ / _____
Parent or Legal Guardian: First _____ Last _____ Address: _____ _____ Home Phone: _____ - _____ - _____ Cell/Mobile: _____ - _____ - _____ Work Phone: _____ - _____ - _____	Second Parent or Legal Guardian First _____ Last _____ Address (if different): _____ _____ Home Phone: _____ - _____ - _____ Cell/Mobile: _____ - _____ - _____ Work Phone: _____ - _____ - _____
Insurance Information Insurance Co: _____ Ins. Co. Phone #: _____ - _____ - _____	Name of Insured (policy holder) _____ Policy, Group or ID#: _____

Medical History: Current Medications: _____ _____ May Youth Have: Advil (Ibuprofen)? <input type="checkbox"/> Yes <input type="checkbox"/> No Benedryl (for allergies)? <input type="checkbox"/> Yes <input type="checkbox"/> No Dramamine (for motion sickness)? <input type="checkbox"/> Yes <input type="checkbox"/> No Tylenol? <input type="checkbox"/> Yes <input type="checkbox"/> No Immodium? <input type="checkbox"/> Yes <input type="checkbox"/> No Other information (food allergies, medicine allergies, chronic illness, etc.) _____ _____
Temporary Custodian: Dayspring United Methodist Church Youth Program Volunteers.

1. **Consent.** Parents or Guardians consent to the temporary custody of their Minor Child by Custodian pursuant to the terms of this agreement.
2. **Assumption of Risk.** Parents or Guardians realize that there is always a chance that the Minor Child may be injured while in the custody of the Custodian. In spite of this, Parents and Guardians assume the risk and exonerate Custodian from liability for any accident, injury, or sickness occurring during the time that Custodian has custody of Minor Child except to the extent that such accident, injury or sickness resulted from the negligence or intentional misconduct of the Temporary Guardian.
3. **Consent to Authorize Medical Care.** If - in an emergency - Parents or Guardians are not available at the above phone numbers, Parents or Guardians consent that the Custodian authorize on their behalf any first aid or medical care which Custodian in her/his discretion deems necessary for the health or treatment of any illness or injury to Minor Child occurring during this temporary custody.
4. **Best Effort.** Custodian shall exert her/his best effort to supervise the care and safety of Minor Child, but shall not be held responsible for any standard of care, other than Custodian's best efforts to solve any problems, hazards, or other events that might occur.
5. **Hold Harmless.** Since Parents or Guardians have recognized the existence of and assumed all risks, Parents or Guardians shall hold Custodian harmless from any suit of liability arising out of any illness, accident or other complication during the temporary custody with regard to Minor Child, including court costs, attorney's fees and time lost from work in connection with any court or administrative proceeding arising out of temporary custody.

Signature of Parent or Legal Guardian

Date