

**CONSENT FOR MEDICAL/SURGICAL CARE/EMERGENCY TREATMENT
AND RELEASE FROM LIABILITY**

Full Name of Child _____ Age _____

Date of Birth _____ Sex _____ Height _____ Weight _____

Address _____

Home Phone (____) _____ Child's Cell Phone (____) _____

I, _____ [*print parent's/legal guardian's name*], hereby give my consent to DECO-TEC INC, a 501(c)(3) non-profit corporation organized under the laws of the United States of America, doing business as Deco-TEC Ministries ("Deco-TEC"), who will be caring for my child listed above ("my Child") during the period from _____, 20__ to _____, 20__ (the "Retreat Period"), to arrange for emergency medical/dental care and treatment in the event medical intervention is needed for my Child.

I understand that in such event, every attempt will be made by Deco-TEC to contact the persons listed below on this form. In the event I or any other such persons listed on this form cannot be reached in an emergency, I hereby voluntarily consent to the rendering of such care, including but not limited to diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or dental staff, as applicable, or their designees, as they may in their professional judgment deem necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment of my Child's condition.

I acknowledge that I am responsible for all charges in connection with care and treatment rendered to my Child. I understand that the insurance coverage listed below for my Child will be used as primary coverage in the event medical or dental intervention is needed.

I understand that all reasonable safety precautions will be taken by Deco-TEC and its volunteer staff, agents and representatives. I understand the possibility of unforeseen hazards and know the inherent possibility of risk to my Child in participating in activities during the Retreat Period. I agree not to hold Deco-TEC, its leaders, volunteer staff, agents and/or representatives, liable for any damages, losses, diseases or injuries incurred by my Child.

I have read this form and certify that I understand its contents.

EMERGENCY CONTACTS

Parent(s)/Legal Guardian Name(s): _____

Address: _____

Phones: Home (____) _____ [*indicate whose home #: _____*]
Home (____) _____ [*indicate whose home #: _____*]
Cell (____) _____ [*indicate whose cell #: _____*]
Cell (____) _____ [*indicate whose cell #: _____*]
Work (____) _____ [*indicate whose work #: _____*]
Work (____) _____ [*indicate whose work#: _____*]

Alternate Emergency Contact:

Name: _____ Relationship: _____

Phones: Home (____) _____ Cell (____) _____
Work (____) _____

INSURANCE INFORMATION

Health insurance carrier:

Insurance Provider Name: _____

Name of Network: _____

Address: _____

Telephone Number: (____) _____

Group No.: _____

Policy No.: _____

Insured's Name: _____

Insured's Date of Birth: _____

Insured's I.D./Social Security #: _____

Dental insurance carrier:

Insurance Provider Name: _____

Name of Network: _____

Address: _____

Telephone Number: (____) _____

Group No.: _____

Policy No.: _____

Insured's Name: _____

Insured's Date of Birth: _____

Insured's I.D./Social Security #: _____

MEDICAL INFORMATION

Pediatrician: _____

Phone: (____) _____

Dentist: _____

Phone: (____) _____

Date of last tetanus shot/booster: _____

Pre-existing and/or present medical conditions: _____

If my child presently has or had in the past any of the following, I have indicated by circling such conditions:

Allergies/Hay Fever/Epilepsy/Nervous Disorder/Physical Disabilities/Heart Condition/Diabetes/Asthma

List of child's allergies, if any: _____

List of child's medications, including name, amount of each dose, and dosage instructions:

Parent/Legal Guardian Signature

Print Name:

Date