Portland Mennonite Church

PARENTAL AUTHORIZATION TO CONSENT AND TREATMENT OF MINOR
(PLEASE PRINT ALL INFORMATION EXCLUDING SIGNATURES)

From January 1, 2026- January 1, 2028

_____ _____
(Herein "Parent") (Print) (Herein "Minor") (Print)

Portland Mennonite Church

_____ _____
(Herein "Parent") (Print) (Herein "Designated Agent")

The above-named Parent of the Minor has entrusted the Minor into the care of Designated Agent, while the Minor participates in an activity sponsored by the Designated Agent, and for the welfare of the Minor.

The Parent does hereby authorize the Designated Agent 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 provisions of the laws of the State or Country in which the medical care is being sought and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the laws of the State or Country in which the dental care is being sought.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable.

The Parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon the completion of treatment. The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent under this authorization.

These authorizations shall remain effective until January 1, 2028, unless sooner revoked in writing delivered to said Agent.

_____ _____
Date (Parent)

MEDICAL INFORMATION

Insurance Company: _____

Policy # _____

Where Parent Can Be Reached: _____ (Phone)_____

Special Medical Conditions of Minor such as Diabetes, Allergic Reactions, Medications Currently Using: _____

_____

RELEASE FORM

I, the Parent or Guardian of _____ give my permission for participation in the programs/events of Portland Mennonite Church. I understand these programs/events occur both on Portland Mennonite Church campus as well as other locations off campus.

I hereby remise, release and forever discharge Portland Mennonite Church, its employees, agents, servants and all other persons, firms and corporations whomsoever of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or action which might happen while participating in programs/events. I further understand that there is no Worker's Compensation or Accident Insurance furnished by Portland Mennonite Church for such programs/events.

I acknowledge that I am responsible for any and all medical expenses of the above noted minor while participating in all programs/events, and agree to hold harmless Portland Mennonite Church of any and all liability that may arise out of such participation.

DATE: _____

_____ _____
Parent or Guardian Relationship to Minor

ADDRESS:_____ City,State,Zip: _____

TELEPHONE: (Day) _____ (Night) _____ E-MAIL ADDRESS _____

MINOR'S DATE OF BIRTH: _____