



NEW TESTAMENT CHRISTIAN CHURCH
Authorization Form

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by New Testament Christian Church. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

_____ X _____

Name of youth participant	Signature of youth participant	Date
---------------------------	--------------------------------	------

_____ X _____

Name of parent/guardian	Signature of parent/guardian	Date
-------------------------	------------------------------	------

PARENT/GUARDIAN AND NON-PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

List all parent/guardian contact phone numbers in best order to be reached:

_____	Ph# _____	Relation: _____
_____	Ph# _____	Relation: _____
_____	Ph# _____	Relation: _____
_____	Ph# _____	Relation: _____
_____	Ph# _____	Relation: _____

I have read the foregoing. I fully understand its contents, understand that this agreement does NOT expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

 Parent/Guardian's Name(s)

X _____
 Parent/Guardian's Signature(s) Date