

**Parental Consent/Medical Treatment Form
For the period of April 25 – 27, 2025**

For The Pastor's Kids Retreat hosted by Central Field NYI.

I, the undersigned parent or guardian of (student name) _____

A minor who's date of birth is __/__/__, do hereby authorize adult workers with Central Field NYI to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me.

I, being 21 years of age or older, do hereby release, forever discharge and agree to hold harmless Central Field NYI and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activity.

Furthermore, I (on behalf of my child-participant) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify said Central Field NYI leaders, Pastor's Kids Retreat directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Insurance Company or Group: _____

Policy Number _____

Policy Holder Name _____

Name of Participant: _____

Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Mobile Phone () _____

Signature of Parent/Guardian _____