## ZAP Medical Consent and Liability Form

Name: $\qquad$ Age: $\qquad$ Birth Date: $\qquad$
Address: $\qquad$
Home Phone:
(Include Area Code)
Mom's Cell:
Dad's Cell:
(Include Area Code)
(Include Area Code)
SCHOOL: $\qquad$ GRADE IN: $\qquad$
The undersigned does hereby give permission for our (my) child $\qquad$ to attend and participate in the activities sponsored by the ZAP Youth Group of Southgate Church, 9820 East Watson Road, St. Louis, MO 63126 from this date until our (my) child reaches the age of 18.

We authorize an adult (person over the age of 21), in whose care the minor has been entrusted, to consent to any X-ray examinations, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed to practice, when necessary.

The undersigned shall be liable and agree to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned also agrees to hold harmless, ZAP Youth Group, Southgate Church, and any of its affiliates, for any or all actions that are not considered "gross negligence" during the same time frame. The undersigned releases from liability ZAP and all its affiliates forever from any damages or legal suit.

Father:
Date:
(or legal guardian) Signature

Mother: $\qquad$ Date: $\qquad$
Signature
Hospital Insurance: Company $\qquad$ Policy \#: $\qquad$
Please list any allergies, medications or medical problems below. If more room is needed write on the back of this form.

