ZAP Medical Consent and Liability Form

Name:	Age:	Birth Date:
Address:		
Home Phone:(Include Area Code)	(City)	(State) (Zip)
Mom's Cell: (Include Area Code)	Dad's Cell: (Include Area Code)	
SCHOOL:		GRADE IN:
The undersigned does hereby give pattend and participate in the activities Watson Road, St. Louis, MO 63126	es sponsored by the ZAP Youth	Group of Southgate Church, 9820 Easthild reaches the age of 18.
We authorize an adult (person over to any X-ray examinations, anesthet care, to be rendered to the minor un physician or dentist licensed to prac	tic, medical, surgical or dental d der the general or specific super	_
The undersigned shall be liable and medical and dental services rendere		ses incurred in connection with such ursuant to this authorization.
Should it be necessary for our (my) undersigned shall assume all transpo		dical reasons or otherwise, the
The undersigned also agrees to hold affiliates, for any or all actions that The undersigned releases from liabi	are not considered "gross neglig	•
Father:_ (or legal guardian) Signature		_Date:
Mother:		_ Date:
č		Policy #:
Please list any allergies, medication back of this form.		