

**Vineyard Community Church  
2016-2017 Royal Rangers  
CONSENT FOR EMERGENCY CARE**

Member Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: \_\_\_\_\_

BE IT KNOWN that I, the undersigned parent or guardian of the child above named, do hereby give and grant unto any medical doctor, dentist or hospital my consent and authorization to render such aid, treatment or care to said child as, in the judgment of doctor of hospital, may be required, on an emergency basis, in the event of said member should be injured or stricken ill while participating in an activity sponsored or sanctioned by Vineyard Community Church, of which the above named is a member.

IT IS HEREBY understood that the consent and authorization hereby giving and granted are continuing, and are intended by me to extend through the current year.

IT IS FURTHER understood that insurance or the parent or guardian of the child would pay for any expenses incurred. Payment of the expense is not the responsibility of Vineyard Community Church.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Arizona.

\_\_\_\_\_  
*Father or legal guardian*

\_\_\_\_\_  
*Mother or legal guardian*

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The forgoing instrument was signed and executed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by the above named \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

My commission expires: \_\_\_\_\_

