



PO Box 948, Walworth, WI 53184
262.275.5753 www.InspirationMinistries.org

Consent to Emergency Care and Transfer Form

As a participant in one of the programs at Inspiration Ministries Camp and Retreat Center, I acknowledge that Inspiration Ministries is not a health care provider and that they are not responsible for providing medical treatment for me.

I hereby authorize the medical personnel employed by Inspiration Ministries Camp and Retreat Center to administer medications, seek medical treatment, arrange necessary related transportation, and release any records necessary for insurance purposes. If I develop signs or symptoms while in the custody of Inspiration Ministries that could warrant urgent medical treatment, I agree to be evaluated by a designated staff person, usually the RN on duty. If it is determined that urgent medical treatment is warranted, I hereby agree to accept that decision and consent to and authorize immediate transfer to a medical treatment facility for such medical care and treatment, including hospitalization, that may be necessary. This completed form may be photocopied for trips off ministry grounds.

This authorization for transfer and treatment shall be valid and continue in full force and effect until such time as I revoke it in writing, or until I am no longer a participant in one of the programs at Inspiration Ministries, whichever occurs first.

Participant: _____ Date: _____
(Signature)

Witness: _____
(Signature)

IF THE PARTICIPANT IS UNABLE TO CONSENT, COMPLETE THE FOLLOWING:

The participant is unable to consent because _____

I CERTIFY THAT I AM AUTHORIZED TO CONSENT FOR THE PARTICIPANT AND THAT I HAVE READ AND AGREED TO THE FOREGOING.

Signed: _____ Date: _____

Print Name: _____

Please also fill out the Photo/Public Relations Consent and Release form. Thank you!