

MEDICAL CONSENT & PERMISSION STATEMENT
EVENT NAME & DATE INCLUDING YEAR

CHURCH NAME HERE
CHURCH ADDRESS
CHURCH PHONE NUMBER

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named below, a minor, and have given our consent for them to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its ministers, employees, agents, and volunteer workers from any and all loss, or damage to person or property that may occur during the course of my/our child's involvement.

In the event that the student named below is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and /or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suites for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

I, _____, parent/legal guardian of _____, grant permission for my child/ward to participate in the youth group activity as described below.

Destination: The Lodge & Indy Island Aquatic Center 8575 E. Raymond St. Indianapolis, IN 46239 (317) 555-5555

Dates of Event: August 28-29, 2015

Scheduled start time: 5:00pm at LOCATION

Scheduled end time: 11:00am at LOCATION

Details of Transportation: Chartered School Bus

Activities: may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, roller blading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, bonfire activities, downhill skiing, snowboarding, hiking, biking, concerts, Bible Studies, golfing, miniature golf, gaga, hayrides, bowling, paint- ball, horseback riding, rafting, water slides, rock climbing, and arcades.

If you wish to limit your child's participation in any event, please indicate which activities here:

PLEASE INITIAL:

____ I give CHURCH NAME staff and volunteers permission to publish photographs of my child online

____ I understand that I must have an up to date Medical Consent & Permission Statement on file with the church for my child to participate in this event

____ In case of emergency involving my child, I understand every effort will be made to contact me. In the event that I cannot be reached, I herby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment.

____ The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by CHURCH NAME. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation

Printed Name: _____ Phone: _____

Parent/guardian Signature

Date