



## Parental Consent for Off Site Summit



**Student Full Name:** \_\_\_\_\_

**Event / Location:** \_\_\_\_\_

**Date / Time:** \_\_\_\_\_

### Parent/Guardian Medical and Liability Release

Please initial and sign at the bottom if you agree to the following terms.

I, \_\_\_\_\_, the undersigned parent / guardian, hereby give consent for the above named student to participate in the ONELIFE Summit Lunch & Hike at the Ceran St. Vrain trail on Saturday, August 18, 2018.

I, \_\_\_\_\_, understand that the above named student may at some point require emergency medical treatment as a result of accident or sickness. I agree to release and hold harmless the Church, its leaders and staff from liability arising from any accident or injury that may occur during group-sponsored functions now and at any future time. This does not waive coverage within the policy limits of church accident insurance, which covers church-sponsored activities. This consent shall remain in continuous effect for the duration of the event or until revoked in writing and delivered to the leader, entrusted with the custody of said minor.

I, \_\_\_\_\_, hereby give permission to the medical personnel selected by the Church, its leadership and staff to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Church to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child, the above named student. This form may be photocopied.

I, \_\_\_\_\_, understand that the above named student may be photographed during ONELIFE Summit Events and do so release all rights for publication and advertising.

\_\_\_\_\_  
**Print Parent/Guardian Full Name**

\_\_\_\_\_  
**Relationship to Student**

\_\_\_\_\_  
**Signature of Parent/Guardian**

(\_\_\_\_\_) \_\_\_\_\_  
**Parent/Guardian Mobile Phone**

**Date of Consent** \_\_\_\_/\_\_\_\_/2018



**Please Specify Transportation Preference:**

- Student has transportation (parents, friends, or themselves).
- Student may ride in Church-provided transportation (pastors, elders, ONELIFE leaders).

**Please Specify Supervision Preference:**

- Student must be supervised from the moment of check-in until the conclusion of the program.
- Student is free to move without supervision from the moment of check-in until the conclusion of the program.

**Please Specify Pick-up Preference:**

- Student is allowed to leave on their own after notifying leader.
- Student is not to leave until picked up by a guardian or parent.
- Student is allowed to leave with an individual other than a guardian or parent.

If yes, please complete the approved pickup list below.

**Approved Pickup List**

Please complete the following if the student will be picked up by an individual other than a parent or guardian.

ID will be required for pickup.

Full Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**Student Health Information**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

Full Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/2018