

2018-19 PARENTAL CONSENT FORM

Revision date 5/2018

Church Youth Group (circle one): 5th & 6th Intermediates High School

_____	_____	_____
YOUTH Name	Age	Birth date
_____	_____	_____
Address (Street, City, State, ZIP)	Phone	
_____	_____	_____
MOM Business phone	MOM Cell phone	
_____	_____	_____
DAD Business phone	DAD Cell phone	

To whom it may concern:

The undersigned do hereby give permission for our (my) child, _____, to
Name of Child

attend and participate in properly authorized activities sponsored by **COVENANT EVANGELICAL PRESBYTERIAN CHURCH OF LAKE JACKSON** throughout the **2018-19** calendar year.

We (I) authorize an adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **COVENANT EVANGELICAL PRESBYTERIAN CHURCH OF LAKE JACKSON**, to give consent to any X-ray examinations, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **COVENANT EVANGELICAL PRESBYTERIAN CHURCH OF LAKE JACKSON**.

(Only participant need sign if 18 years of age or older. If under 18, either parent must sign unless the parents are separated or divorced, in which case the custodial parent must sign.)

_____	_____
Participant, if age 18 or older	Date
_____	_____
Father, Mother, or Legal Guardian	Date

LIABILITY RELEASE FORM
For the Calendar Year 2018-19

In consideration for being accepted by **COVENANT EVANGELICAL PRESBYTERIAN CHURCH OF LAKE JACKSON** for participation in their scheduled activities, we(I) do for ourselves and for and on behalf of my child do hereby release, forever discharge and agree to hold harmless **COVENANT EVANGELICAL PRESBYTERIAN CHURCH OF LAKE JACKSON** and the directors, employees, volunteers, and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child participant) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation, mission, and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, volunteers, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in scheduled activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name of participant

(Only participant need sign if 18 years of age or older. If under 18, either parent must sign unless the parents are separated or divorced, in which case the custodial parent must sign.)

Father, mother, or legal guardian

Date

State of Texas
County of Brazoria

Before me, the undersigned authority, personally appeared

_____ (Parent or Legal Guardian of the participating
child _____), and did state, under oath, that the above

and foregoing has been executed by them for the purposes therein expressed on this

_____ day of _____ 2018.

NOTARY PUBLIC, STATE OF TEXAS

COMMISSION EXPIRATION DATE

HEALTH INFORMATION FORM
Covenant Evangelical Church – Lake Jackson
For the Calendar Year 2018-19

Church Group (circle one): 5th & 6th Intermediates High School

It is your (the parents) responsibility to make sure that this health information is kept up to date. Please complete a new form as your circumstances change. Thank you

Participant’s name: _____ Date: _____

Parent’s name: _____

Parent’s Home Phone #: _____

Parent’s Work number(s): Dad: _____

Mom: _____

Parent’s Cell number(s): Dad: _____

Mom: _____

Doctor’s name and number: _____

Dentist’s name and number: _____

Insurance Company & Policy number: _____

(Please attach a copy of the insurance card)

Medicine Taken: _____

Please list any allergies, special medical problems, or anything else we should know:

