



Release & Waiver (Minor)

Participant Name _____ Phone _____

Address, City, State, Zip

Emergency Contact _____ Emergency Phone _____

Event/Trip Name & Dates Happy Church Mission Trip 07-17-2021 – 07-24-2021

It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect Participant:

Medications _____ Allergies _____

Other Medical Information

Medical Insurance _____ Contract/Policy# _____

I, _____, am the parent or legal guardian of _____ (the "Minor"), who desires to participate in the event/trip named above (hereinafter collectively referred to as the "Activities") operated or sponsored by Parkside Christian Church (the "Church").

I understand and acknowledge that the Church will not allow the minor to participate in the Activities without releasing and holding the Church harmless from any liability arising out of participation in the Activities. I have investigated the risks involved in the Minor's participation in the Activities and fully understand and assume such risks on my behalf. Specifically, I understand and acknowledge that the Minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death.

I request that the church allow the Minor to participate in the Activities, and in consideration thereof agree hereby to release and forever discharge the Church, its elders, officers, employees, agents, and any parties volunteering on behalf of the church, from all actions, causes of action, injuries, claims, damages, ransom demands, costs or expenses of any kind, growing out of or related to any such Activities in which the Minor participates. I understand that this is a full and complete release of all damages and injuries that the Minor may sustain as a result of his/her participation in any of the Activities, regardless of the specific cause thereof.

I acknowledge and agree that I have given my consent for the Minor to remain in the custody of the Church's representatives while participating in the Activities. This Agreement is binding on the Minor's Heirs, Successors and Personal Representatives.

_____ Initial

Medication Authorization and Release

In the event that my child is required to take medication of any kind while on the Parkside Christian Church trip, I understand and agree that I must complete the back page of this document to advise Parkside Christian that either (1) my child will administer and take their own medication while on the Parkside Christian trip, or (2) I request that a Parkside Christian Trip Leader administer the medications to my child as set forth on the back of this document. In either case, I agree to hold harmless, release and forever discharge the Parkside Christian Church, its elders, employees, officers, agents and any parties volunteering on behalf of Parkside Christian Church for any and all actions, causes of action, injuries, claims, damages and costs of any kind arising out of or relating to my desire to have my child administer their own medication or my request to have a Parkside Christian Trip Leader administer medication to my child.

_____ Initial (Only to be initialed if medication is needed. Medication Release must be completed.)

Medical Treatment Authorization and Power of Attorney

In the event the Minor suffers any injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort or medical treatment is delayed, and reasonable attempts to contact me and/or my spouse have not been unsuccessful, I hereby appoint the Parkside Christian Trip Leader as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the Minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the Agent is first able to contact my spouse or me.

_____ Initial

Video/Photography Release

Regarding videos & photographs of the Minor taken at any Parkside Christian Church event, I give Parkside Christian Church permission to do the following for nonprofit use and without charge: use at the discretion of Parkside Christian Church, display at a service or event or be used in a multimedia presentation, reprint and distribute for any Parkside Christian Church nonprofit publication with copyright to accompany photo when used, display on the Parkside Christian Church website, or use quotes and video clips on the Parkside Christian Church website and blog. _____ Initial

The undersigned agrees to the above Initialed sections and this agreement is binding on my Heirs, Successors and Personal Representatives.

Print Full Name of Parent or Legal
Guardian _____

Signature _____ Date _____
(Expires 1 year from date signed)



PARKSIDE CHRISTIAN CHURCH

LOVE GOD. LOVE PEOPLE. HELP OTHERS DO THE SAME.

Medication Consent Form

This form is only good for two (2) weeks; after that, it must be re-signed by Parent or Legal Guardian.

Child's Name _____

Child's condition for administering Medication _____

Name of Medication _____ Prescription Non-Prescription

Name of Prescribing Doctor _____

Amount to be Administered _____ Time(s) for Medication to be Administered _____

Date(s) Medication to be Administered _____ Refrigeration Necessary? Yes No

Possible Adverse Reactions _____

Name of Medication _____ Prescription Non-Prescription

Name of Prescribing Doctor _____

Amount to be Administered _____ Time(s) for Medication to be Administered _____

Date(s) Medication to be Administered _____ Refrigeration Necessary? Yes No

Possible Adverse Reactions _____

Please sign one option:

A) I authorize the administration of medication by a Parkside Christian Trip Leader to my child and agree to hold harmless, release and forever discharge Parkside Christian Church (the "Church"), its elders, officers, employees, agents and any parties volunteering on behalf of the Church for any and all actions, causes of action, injuries, claims, damages and costs of any kind arising out of or relating to my request to have a Parkside Christian Trip Leader administer medication to my child.

Parent or Legal Guardian Signature _____ Date _____

B) I authorize my child to administer their own medication and I agree to hold harmless, release and forever discharge the Church, its elders, staff, officers, agents and any parties volunteering on behalf of the Church for any and all actions, causes of action, injuries, claims, damages and costs of any kind arising out of or relating to my request to have my child administer their own medication.

Parent or Legal Guardian Signature _____ Date _____

Please make sure you review these questions.

- Is all of the above information complete?
- Is the medication in the original container with the prescription label on it?
- Is the date of the prescription current?
- Is the child's name on the container?
- Is the name of the medication, dose and administration schedule given on the label the same as the instructions here?
- Has the medication been in the custody of the child or will you deliver it directly to the team leader?

Staff Use Only

Administration Dates	Administration Time(s)	Adverse Reactions Observed	Staff Member's Initials