

SUNNYLANE FAMILY CHURCH

Parental Consent, Certification, and Medical Authorization

Child/Participant's Name _____

Date of Birth ____ / ____ / ____

Address _____

City, State, Zip _____

Home Phone _____

Email _____

School _____ Grade _____

Parent/Guardian Name 1 _____

Work# _____ Cell# _____

Parent/Guardian Name 2: _____

Work# _____ Cell# _____

Doctor's Name _____

Doctor's Phone# _____

Insurance Company Covering Participant*

* Please attach a copy of health insurance card(s) (both sides)

Policy Number _____

Group Number _____

Known Allergies: Yes (list on back) No Current Medications: Yes (list on back)
 No Special Diet: Yes (list on back) No Special Needs: Yes (list on back) No

Emergency Contact (not listed above)

Name _____

Home # _____ Cell# _____

As the parent/legal guardian, I certify that my child (Participant), has my express permission to participate in all activities, of any nature, sponsored by Sunnyslane Family Church for the period, **January 1, 2016** through **December 31, 2016**. Knowing that Sunnyslane Family Church will always try to act responsibly, I accept all risk to Participant's health, injury or death that may result from such participation. I release Sunnyslane Family Church (governing board, officers, employees and representatives) from any and all liability to Participant, any personal representatives, estate, heirs, and assigns for any and all claims and causes of action for loss, illness or injury to Participant's person, including his/her death, that may result from or occur during participation. I further agree to indemnify and hold harmless Sunnyslane Family Church from liability for the injury or death of any person(s) that may result from Participant's negligent act or omission while participating in any activity/trip this year.

I will notify the appropriate church leaders if I feel there are any considerations that would prevent or in any way limit Participant's involvement in an activity. I give my permission for the church leaders to withhold Participant from any activity, which they have any question about for health or other reasons. I understand that every effort will be made to notify me in the case of an emergency, involving Participant. I hereby authorize any staff or adult leadership of the trip/activity to administer general first aid treatment for any minor injury or illness. If the injury or illness is life threatening or emergency treatment is needed, I authorize any staff or adult leader to summon any and all professional assistance and I consent to any medical treatment needed by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are needed. In the event of the necessity of such care and treatment as described, I agree to hold harmless and indemnify said church, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the Participant. I will pay for any medical expenses so incurred.

By marking the appropriate box, I acknowledge that photographs of Participant may be used in any responsible fashion, by Sunnyslane Family Church, in its sole discretion, including but not limited to publications, videos and websites.

Yes, you may use my Participant's photographs.

No, you may not use my Participant's photographs.

Signature of Parent _____

Print Name of Parent _____

Date Signed _____