

Lampeter Church of the Brethren
Parental Consent/Waiver Form
K - 12th grade ages
2018 - 2019

Child/Youth Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Grade: _____ Birthdate: _____

Person(s) Relationship(s): _____
Responsible for _____
Child/Youth: _____

Parent/Guardian Student Email:
Email: _____

Parental Consent for Participation

I, _____ as the legal parent or guardian of _____, give my consent through August, 2019, for the child/youth named above to participate in the Lampeter Church of the Brethren children's/youth ministry programs, events and activities, as well as grant permission for travel to and from activities that are held off-site. I consent for my child/youth to participate in all children's/youth ministry programs, events and activities unless otherwise communicated. I also represent that my child/youth is physically fit (except as noted under Medical Treatment Authorization below) and has the necessary skills to safely participate in these activities.

Check-in/Check-Out Procedure

I understand that I will be required to check-in when dropping off my child/youth (under driving age), and that I will be required to check-out when picking up my child/youth. I understand that I will be required to notify the check-in desk, or my child's adult leader, in writing if someone other than me/my spouse will be picking up my child/youth. (Youth who are driving themselves to youth group will be required to sign in and out on their own.)

Release of Liability

I understand that my child will be adequately supervised when participating in children's/youth activities. I acknowledge that there are certain risks involved in said activities. I understand that the church is not responsible for my child/youth if they choose to leave the building or church property because they refuse to participate in a program, event or activity (*Please discuss this with your child/youth. They are expected to remain with their leader(s) and participate until the end of the program, event or activity they were checked-in for. If they do not remain with the adult leaders, the parent(s)/guardian/person responsible for the child/youth will be notified.*).

I release Lampeter Church of the Brethren, its affiliates, volunteers and employees of all responsibilities 1) for any injuries, to body or property, which may occur to my child/youth during the course of participation in the children's/youth ministry activities, and 2) in the event that my child/youth leaves a supervised program/activity.

I further agree to indemnify and hold harmless Lampeter Church of the Brethren and its affiliates, volunteers, and employees of any and all claims arising from the participation of my child/youth in activities or as a result of injury or illness of my child during such activities.

Permission for Publicity

On occasion, Lampeter Church of the Brethren takes photographs or makes an audio or video recording of children/youth involved in church ministry activities. I consent to the use of any such audio or video of the child/youth named above to be used, distributed or displayed as agents of the church see fit.

I give permission for publicity I do NOT give permission for publicity

Items NOT Permitted

Staff and/or adult leaders may search backpacks, bags, jackets/coats or any other personal belongings that appear suspicious in nature. I understand that any items found on/with my child/youth such as illegal drugs, tobacco products, alcohol or items containing alcohol, any item that appears to be a weapon, or any other item that could potentially affect the safety, health and well-being of the group, will be confiscated by the adult leaders of the children's/youth ministry. Confiscated items will be considered forfeited property. Staff and adult leadership will use their discretion as to whether a confiscated item is suitable for return to the parent/guardian after the program, event or activity. In the event an item is confiscated, the parent(s)/guardian will be notified.

Medical Treatment Authorization

It is my understanding that the church will attempt to notify me in the case of a medical emergency involving my child/youth. If the church cannot reach me, I authorize the church to hire a doctor or other healthcare professional, and I give my permission to the doctor or other healthcare professional to provide the medical service he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child's participation in any activity. At this time, I would like to exempt my child from these activities unless I have signed additional authorization/medical forms per specific activity:

I also give my permission for church staff or adult leaders to restrict my child from participating in any activity which they have any questions about for health or other reason.

Please list any known allergies and medical conditions which may affect your child's participation and/or treatment. _____

Insurance Company Name: _____

Policy Number: _____

Home Phone: _____

Emergency Contact Name &
Phone Number: _____

Parent(s) Cell Phone Number(s): _____

By signing this form, I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read this Parental Consent /Waiver Form and I am fully aware of its contents. I give permission for the child named above to participate fully in the activities of Lampeter Church of the Brethren's Children's/Youth ministry.

Parent/Guardian Signature _____ Date _____