

Permission/Medical Consent Form (page 1 of 2)

PARENTAL CONSENT

The undersigned does hereby give permission for my child or student _____,
Print Participant's Name

to attend and participate **any Family Ministry sponsored offsite activity or event**

from _____.
(insert dates)

LIABILITY RELEASE: In consideration of Chapin United Methodist Church allowing the Participant to participate in church sponsored events, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Chapin United Methodist Church, its pastors, staff and volunteers (collectively herein the "Church") from any and all liability, claims or demands for accidental 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 Participant while involved in the church sponsored activity. I, the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in church sponsored activities, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church 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.

MEDICAL TREATMENT PERMISSION: I authorize the Ministry Leader, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, 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 or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or student pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or student to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/student to ride in any vehicle driven by an approved and licensed adult volunteer (21 or older) while attending and participating in activities sponsored by Chapin United Methodist Church. My child/student and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

_____ Name of Child/Student Participant	_____ Signature of Child/Student	_____ Date
_____ Name of Parent/Guardian	_____ Signature of Parent/Guardian	_____ Date

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CHILD/STUDENT INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Address: _____

Child/Student Email _____ Child/Student Cell _____

PARENT/GUARDIAN INFORMATION

Parent 1 NAME _____ PHONE # _____

EMAIL _____

PARENT 2 NAME _____ PHONE # _____

EMAIL _____

ADDRESS, IF DIFFERENT FROM ABOVE _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ Relation: _____

Phone Number: _____

PRIMARY CARE PHYSICIAN

Name: _____ Phone _____

Name of practice: _____

Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

Policy Holder Date of Birth _____

Name of Child/Student Participant

Signature of Child/Student

Date

Name of Parent/Guardian

Signature of Parent/Guardian

Date