



2023 Creekside Christian Fellowship Parental Consent Form

Name of Student: _____ Student Cell: _____

Parent's Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____ Grade Currently in: _____

Parent/Guardian Name(s): _____

Contact #: _____ Cell #: _____

Parent/Guardian Name(s): _____

Contact #: _____ Cell #: _____

Primary Insured: _____ Policy #: _____

Insurance Company: _____

Allergies or special medical problems? _____

Student may be given over the counter pain medication? _____ Yes _____ No

List any prescription drugs your student is currently taking: _____

Name and # of the person picking up student after trip: _____

I hereby consent to my child being interviewed, photographed, or videotaped by a representation of Creekside Christian Fellowship for use in advertising, publicity, or other marketing purposes to promote church events and youth participation. I waive any claims I may have and release the church and employees from any liability or claims arising from such activities. **(Guardian Initial)** _____ **Yes** _____ **No**

I am aware that adult volunteers and/or staff members will be periodically texting, calling, messaging via social media, or using other electronic communication means to follow up with my student. By including my student's cell number on this form I am permitting staff and adult volunteers of Creekside Christian Fellowship to communicate with my student electronically. **(Guardian Initial)** _____ **Yes** _____ **No**

To whom it may concern: The undersigned does hereby give permission for our/my child, names above, to attend and participate in activities sponsored by Creekside Christian Fellowship from January 1, 2023 through December 31, 2023. We (I) authorize an adult in whose care the minor has been entrusted to consent to any x-ray exams, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor. I understand, however, that every effort will be made to contact me and if possible before any such treatment is administered. The undersigned shall be liable, and agree(s) to pay all costs and expenses incurred in connection with any such medical treatment rendered to the child. 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 Creekside Christian Fellowship. I hereby release Creekside Christian Fellowship from any responsibility other than normal supervision and care. In case of an accident, I will not hold Creekside Christian Fellowship, or its staff members, volunteers or managers liable.

Signature of Parent/Guardian: _____

Date: _____