



Permission Form

I _____ give my child, _____ permission to
(Parent) (Student's Name)
Attend _____, on the date of _____.
(Event)

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of the above named child.

I the undersigned have legal custody of the student named above, a minor, and have given consent for him/her to participate in the above event organized by the Church. I understand that there are inherent risks involved in any ministry or athletic event, and I release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured I consent to reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further I affirm that the health insurance information previously provided, and on file is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill, or if deemed necessary by the student ministries staff.

Parent/Guardian signature: _____ Date: _____

***NOTICE: If Insurance and Emergency contact information has never been presented or has changed, please make that information available before completing this form.**