



PARENTAL CONSENT FORM LOWER PROVIDENCE PRESBYTERIAN CHURCH

Activity: _____

Date of Activity: _____

Name _____ Age _____ Birthdate _____

Street Address _____ Phone (____) _____

City _____ State _____ Zip _____

Parent(s) phone number the day of activity (____) _____

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in the above-stated activity sponsored by Lower Providence Presbyterian Church.

- ◆ We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any 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, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
- ◆ The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- ◆ Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
- ◆ 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 Lower Providence Presbyterian Church. Each child is required to wear a seat belt.

SIGNATURES:

Parent or legal guardian	Date	Participant	Date
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EMERGENCY CONTACT IF PARENTS ARE UNREACHABLE:

Name	Phone #	Relationship to child
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PLEASE LIST any allergies or special medication problems your child may have or any medication child needs to take during event:

CHECK IF APPLICABLE - IF NOT, PLEASE PROVIDE HOSPITAL INSURANCE INFORMATION:

My child's medical information is on file with the: _____ Junior High leadership _____ Confirmation Class
_____ Senior High leadership _____ Children's Ministry

I understand that it is my responsibility to keep my child's emergency medical information updated.

HOSPITAL INSURANCE (fill out only if medical info is not on file):

Insurance Company	Policy Number
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Please complete liability release form on back of this form.

LIABILITY RELEASE FORM

Release of all claims of youth participants and adult leader/participants who are not Session-approved "leaders," such as extra chaperones and drivers.

In consideration for being accepted by Lower Providence Presbyterian Church for participation

in (event) _____

at (location) _____

on (date) _____,

we (I), being 21 years of age or older, do for ourselves (myself) hereby release, forever discharge and agree to hold harmless Lower Providence Presbyterian Church and the directors thereof from any and all liability, claims or demands for 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 child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree(s) to hold harmless and indemnify said Church, its directors, employees and agents, 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.

If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital, and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

SIGNATURE: _____

(Participant signs if 21 years of age or older. If participant is under 21, parent/guardian signs.)

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PLEDGE OF TRIP PARTICIPANT

This event is an activity of the ministry of Jesus Christ, our Lord and Savior. My attendance will enable me to learn more about Him, enjoy the company of other youth, and enjoy the activities involved. In keeping with this spirit, I promise to obey the instructions of the adult leaders, respect the rights of others, and not to bring or use any non-prescribed drugs, narcotics, tobacco, illegal or abusive substances or alcoholic beverages. I will also will refrain from getting body art such as, but not limited to: permanent tattoos and body piercings. I am aware that I may be sent home prior to the expiration of this event if this promise is violated. I also understand that the Adult Leaders have the final decision on the validity of the violation.

Sign below if you accept the conditions stated above.

SIGNATURE OF PARTICIPANT: _____