

CENTRAL CHRISTIAN CHURCH STUDENT MINISTRIES
PARENTAL CONSENT/LIABILITY/MEDICAL RELEASE FORM

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

I have legal custody of the student named below, and have given my consent for him/her to attend events being organized by the Church. I give permission for my child to be transported by private and/or commercially owned vehicles. I understand that there are inherent risks involved in any ministry activity, and I hereby release the Church, its employees, agents, and volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. I give the employees and or representatives of Central Christian Church permission to authorize emergency medical and dental treatment for my child. In the event that he/she is injured and requires the attention of a doctor, I consent to any 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 provided below is accurate at this date and will, to the best of my knowledge, still be in force for the student named below. I also agree to bring my child home at my expense should they become ill or if deemed necessary by the student ministries staff member.

Child's Name: _____ Date of Birth: ___/___/___ Graduation Year ____
Email Address: _____
Allergies or special needs: _____

Child's Name: _____ Date of Birth: ___/___/___ Graduation Year ____
Email Address: _____
Allergies or special needs: _____

Child's Name: _____ Date of Birth: ___/___/___ Graduation Year ____
Email Address: _____
Allergies or special needs: _____

Child's Name: _____ Date of Birth: ___/___/___ Graduation Year ____
Email Address: _____
Allergies or special needs: _____

Permanent Address: _____ City: _____ Zip: _____

Name of Mother: _____ Home Phone #: _____
Work Phone #: _____ Cell Phone #: _____
Email Address: _____

Name of Father: _____ Home Phone #: _____
Work Phone #: _____ Cell Phone #: _____
Email Address: _____

Insurance Company: _____ Policy Number: _____

Emergency Contact: _____ Phone Number: _____

I have read, understood, and accepted the terms of this consent/liability/medical release form.

_____ has my permission to attend all youth activities sponsored by Central Christian.

Parent/guardian signature

Date