

PARENTAL AND MEDICAL TREATMENT CONSENT

I, the undersigned, certify that I am the parent/legal guardian of _____,
(Student Name)

a minor, and that the Student is in good physical condition and able to participate in all activities for young people sponsored by Christ Community Covenant Church (the "Church"). I consent to the participation of the Student in any activity for young people sponsored by the Church in which the Student elects to participate ("Permitted Activities").

In case of physical injury, illness or medical emergency of Student, I ask that you, the Church representatives, make reasonable attempts to contact me; however, if I cannot be reached, I authorize you to contact our family physician if he/she can be reached, and to take whatever measures are necessary to ensure the safety of the Student. This authorization and consent authorizes physicians, dentists and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licenses, technicians or nurses to render the diagnosis, treatment or care they deem advisable for the Student in the exercise of their best professional judgment. I understand that every reasonable attempt to contact me will be made before providing diagnosis, treatment or care, time and conditions permitting, but that diagnosis, treatment or care may be provided in an emergency without my consent.

This authorization is effective from June 1, 2015 to August 31, 2016.

RELEASE

THE UNDERSIGNED PARENTS, PARENT OR GUARDIAN TAKE FULL RESPONSIBILITY FOR ANY INJURIES INCURRED BY THE STUDENT, EITHER IN TRANSPORTATION TO OR FROM OR AT PERMITTED ACTIVITIES, AND AGREE TO RELEASE THE CHURCH AND ITS TRUSTEES, OFFICERS, DIRECTORS, EMPLOYEES, MEMBERS AND VOLUNTEERS ("RELEASEES") FROM AND AGAINST ANY LOSS, LIABILITY OR CLAIM FOR PHYSICAL OR BODILY INJURY OR DEATH TO THE MINOR STUDENT ARISING OUT OF NEGLIGENCE OF THE RELEASEES IN CONNECTION WITH OR RELATED TO PERMITTED ACTIVITIES. THIS RELEASE APPLIES ONLY TO CLAIMS WHICH ARE IN EXCESS OF LIABILITY INSURANCE COVERAGE WHICH THE CHURCH HAS OBTAINED, OR TO CLAIMS FOR WHICH THERE IS NO LIABILITY INSURANCE COVERAGE. FOR MULTIPLE CLAIMS ARISING OUT OF THE SAME INCIDENT, AVAILABLE INSURANCE COVERAGE WILL BE PRORATED AMONG THE CLAIMANTS IF THERE IS INSUFFICIENT COVERAGE FOR ALL. THIS RELEASE DOES NOT APPLY TO INTENTIONAL INFLICTION OF INJURY OR SEXUAL MISCONDUCT OF ANY SORT BY THE RELEASEES.

The undersigned parents, parent or guardian represent to the Church that the minor Student is currently covered by health insurance listed above which applies (except for deductibles) to injuries arising out of Permitted Activities.

SIGNATURES OF PARENT(S)/GUARDIAN(S) (Both Parents Must Sign Unless Only One Parent Has Custody)

I/We have read and agree to all of the above terms, including without limitation consent for my/our child, the above Student, to participate in Christ Community Covenant Church youth activities, medical treatment consent, and release of liability.

Parent/Guardian signature

Parent/Guardian print name

Date

Parent/Guardian signature

Parent/Guardian print name

Date

CHRIST COMMUNITY COVENANT CHURCH - STUDENT PARTICIPATION FORM

Student Info: Name _____ Birthdate _____ Grade ('15-'16) _____
School _____ Home Address _____
Home Phone _____ Student Email _____
Student Cell Phone _____ Okay to text or call student? Y/N _____

Parent/Guardian 1: Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Address, if different than above: _____

Parent/Guardian 2: Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Address, if different than above: _____

MEDICAL AND INSURANCE INFORMATION

Person to notify if parent/guardian is unavailable _____
Phone _____ Relationship to Student _____
Student's Physician _____ Phone _____

Any allergies or medical conditions which could limit participation in activities: _____

Medical Insurance Carrier _____ Policy # _____
Policy Holder's Name _____ Last Tetanus Booster Date: _____

OTHER INFORMATION WE SHOULD KNOW

