

Eden United Church of Christ
Parent Permission & Medical/Liability Release Form
Top portion to be filled out by activity coordinator(s)

Activity/Event: _____

Location: _____

Date: ____ / ____ / _____ to ____ / ____ / _____ Cost: _____

Depart Location: _____ Time: _____

Return Location: _____ Time: _____

Transportation: _____

Staff/Primary Volunteer(s) _____

This form below must be completed and returned by: (date) _____

Student's Name _____ Date of Birth _____

Address _____ Zip Code _____

Parent/Guardian Name(s) _____ Home Phone _____

Cell Phone _____ Work Phone _____

Email address _____

Medical Insurance Carrier _____ Policy or ID # _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Medications taken regularly _____

Condition/reason for above medications _____

Allergies _____

Other health or behavioral concerns _____

Emergency Contact (if parent is unavailable):

Name _____ Phone _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR:

I (We), the parent(s) of the above-mentioned child, do hereby authorize Eden United Church of Christ staff, teachers, and volunteers as agents for the undersigned to consent to any necessary emergency medical treatment. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. I understand that every effort will be made to contact me and/or the above-named physician if my child needs emergency medical treatment.

I also give permission for my child to participate in scheduled Church School or Youth Group activities and to be transported to and from these activities in private vehicles. I realize that church insurance begins where the individual's health and accident insurance policy terminates. It is only valid when other insurance has been extended to its limits.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. This authorization shall remain in effect for 2 years from the date signed, unless sooner revoked in writing to said agents.

I agree that Eden United Church of Christ will not be held liable for damages, losses, or injuries to person or property that may occur. I understand that I am signing for the minor listed above.

Parent/Guardian Signature_____ Date_____