

# PARENT/GUARDIAN CONSENT FORM

**MEDICAL RELEASE:** I/We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of \_\_\_\_\_, a minor, and have given consent for him or her to attend youth ministry activities being sponsored by the Hamonah Presbyterian Church. In the event that he or she is injured while attending the retreat and require the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician/ or hospital personnel refuses to administer without my/our consent, I/we hereby authorize the adult coordinating the event, to give such consent for us if we can not be reached by telephone at one of the numbers listed below, or, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as treatment is administered by or under the supervision of a licensed physician. I/We also acknowledge that we 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. I/we 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 above during the retreat starting August 30, 2008 through September 1, 2008.

**LIABILITY RELEASE:** I/We understand that there are inherent risks involved in any retreat or youth event, and I/we hereby release Hamonah Presbyterian Church, its agents, and volunteer workers from any and all liability for any injury, loss, or damage, to person or property that may occur during the course of my/our involvement with this retreat or event.

**Participant:**

Print Name	Signature	Address	Phone #/Email	Date
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**Parent(s)/Guardian(s) (if participant is under 18):**

Print Name	Signature	Home, Work & Cellphone #	Email Address	Date
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Print Name	Signature	Home, Work & Cellphone #	Email Address	Date
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**AGREEMENT TO TRANSPORT HOME:** I/We understand that an adult youth leader may need to send a student home as a result of illness or discipline problems. I/We understand if the student named above is dismissed from the trip, he/she will be transported home at my/our expense and that I/we will make these transportation arrangements.

Participant Name	Signature	Date	Parent/Guardian Name (s)	Signature (s)	Date
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**APPROVAL TO UTILIZE PICTURES:** I am/We are willing to have pictures of me/our child posted on the youth bulletin, church website or used in church publications.

Participant Name	Signature	Date	Parent/Guardian Name (s)	Signature (s)	Date
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Student's Medical & Emergency Information	
Health Insurance Company	Policy & Group Number
Medical Clinic you visit	Physician's Name
Allergies, Diet Restrictions	
Emergency Contact (name & phone)	Emergency Contact (name & phone)