



REMEMBRANCE

C H U R C H

CHILDREN + STUDENT MINISTRIES CONSENT SEPT. 2016 - SEPT. 2017

First Name: _____ Last Name: _____

Gender: M F Birthdate: _____ Age: _____ Grade: _____

Address (primary residence of child): _____

City: _____ St: _____ Zip: _____ Primary Phone #: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

The undersigned does hereby give permission for our (my) child, as named above, to attend and participate in any Children's Ministry or Student Ministry program or event sponsored by or involving Remembrance Church ("RC").

I request permission for my child to participate in the various on and off site activities of the Children's Ministry and Student Ministry. In consideration for the agreement by RC to permit my child's participation, I, for myself, my minor child and for the child's other parent and/or guardian(s), hereby release, waive, discharge, and covenant not to sue RC, and its officers, directors, employees, agents, volunteers, of and from all liability, loss, claims, demands, possible causes of action, court costs, attorneys' fees and other expenses arising from any lawsuit that may otherwise accrue from any loss, damage or injury to my child's person or property in any way resulting from or connected with my child's participation in any youth group activity including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons. I further agree to indemnify and hold harmless RC and its employees, agents and volunteers from any loss, liability, damage or cost they may incur incident to my child's participation in any activity.

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 RC. This Authorization shall be effective for 12 months from signed date unless earlier revoked in writing.

Hospital Insurance Yes No Insurance Company _____

Policy Holder _____ Policy # _____ Group # _____

Primary Care Doctor _____ Doctor Phone # _____

Allergies and Reactions: _____

Current Medications and Dosage _____

Other Special Medical Problems we should be aware of: _____

Parent Signature (Legal Guardian) _____ Date _____