

# PARENTAL CONSENT/RELEASE

## Consent:

I, the undersigned parent/legal guardian of \_\_\_\_\_, a minor, give my permission for said Minor to participate in \_\_\_\_\_ conducted by Waterville Community Church. Should the activity above require traveling off-site, the undersigned gives permission for the above named minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this activity sponsored by Waterville Community Church. \_\_\_\_/\_\_\_\_(Initials)

Name of Minor \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## Medical Information:

Medical Conditions (include allergies, asthma, etc.) \_\_\_\_\_

Medications: \_\_\_\_\_

I give consent for the following medical care providers and/or local hospital to be called in the event of an emergency:

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone Number \_\_\_\_\_

Local Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

In the event that reasonable attempts to contact me have been unsuccessful, I hereby authorize an adult agent of Waterville Community Church, as an agent for me, to consent

- (1) to the administration of any treatment deemed necessary by the above named providers or, in the event that the designated practitioner is not available, by another licensed provider.
- (2) the transfer of the child to any hospital reasonably accessible.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Any applicable insurance coverage available through Waterville Community Church is excess coverage in accordance with the terms and conditions of Waterville Community Church's insurance policy.

## Release:

I understand that participation with Waterville Community Church and/or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Waterville Community Church may include activities that may be hazardous to my child. I expressly assume the risk of injury or harm in the activities and release Waterville Community Church, its members, officers, employees, agents, volunteers and successors from all liability for injury, illness, death, and/or property damage that may result.

If minor is seeking to volunteer with children:

I have read the WCC's Safe Place Guidelines and agree to abide by them at all times.

Minor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I HAVE CAREFULLY READ THE FOREGOING CONSENT and RELEASE AND KNOW AND AGREE TO ITS CONTENTS.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_