

Student Ministry Parental Consent Form 2012



(If we have this 2012 Release Form on file from a previous event, you do not need to fill this out.)

Student's Name _____

Birth Date (Mo/Day/Year) _____ Grade: _____ Gender: Male ___ Female ___

Home Mailing Address _____

City _____ State _____ Zip _____ HM#: _____

Mother's Name _____ Cell# _____ Wk# _____

Father's Name _____ Cell# _____ Wk# _____

Guardian's Name _____ Cell # _____ Wk# _____

Student E-mail _____ Parent/Guardian E-mail _____

PERMISSION

The undersigned does hereby give permission to our (my) child to attend and participate in activities sponsored by The Church at Mt. Gilead (MG).

MEDICAL AUTHORIZATION

Should my (our) minor child become ill or injured during a MG sponsored event, I (we) authorize the group leader(s)/authorized personnel, in whose care the minor has been entrusted, to rely on the advice of licensed medical physician(s) and/or dentist(s), and in reliance on this medical/dental judgment to consent to any and all necessary medical and/or dental treatment, which may include x-rays, diagnostic/radiological tests, administration of medications and/or anesthesia, surgical intervention, and/or hospitalization. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in the connection with such authorization. Should it be necessary for my (our) child to be transported by an authorized emergency medical vehicle due to medical reasons or otherwise, the undersigned shall assume all costs and expenses related to such transportation and related emergency medical treatment.

RELEASE

The undersigned does hereby release MG and all associated parties including cooperating churches and trained personnel of liability in the case of injury to any participants in the programs provided by MG. MG cannot and should not be held responsible for a minors conduct that violates rules established by MG to protect him/her from harm or injury. Should my (our) minor child violate any of MG's rules, policies, or procedures or behave in a manner inconsistent with MG's mission and philosophy while participating in the MG sponsored event, I (we) acknowledge that said minor child may be sent home at my (our) expense.

MEDIA RELEASE

For promotional purposes, videos and photographs are taken at our official church events. Your registration constitutes permission for Mt. Gilead Church to use the participant's likeness in promotional materials, including web, video, and printed media. Please contact us if this is a problem. Children's/Student Ministry Office at 831-1900 ext. 262.

Signature of Parent or Guardian _____

IN CASE OF EMERGENCY: Who to contact first (name/number): _____

Emergency Phone Numbers and Names other than those listed above:

Insurance Company _____ Policy Number _____

Please list any allergies, medical conditions and medications your student is currently taking that MG needs to be made aware of: Medical Conditions: _____

Allergies: _____

Medications: _____

Please list any friends for possible roommates for overnight trips: _____

Do you desire this form to be a blanket form for all youth activities for **2012**? Circle YES or NO and initial here _____

If this is a blanket form, please keep us aware of any changes in your health insurance coverage or change of emergency contacts.

If this is NOT a blanket form, then please enter the event this form covers. _____

(For office use only) Date Received _____