

GUN LAKE COMMUNITY CHURCH YOUTH MINISTRIES

EVENT CONSENT FORM: _____

EVENT DATE: _____

Please Print:

Name of Child/Student _____

Parent(s) and/or Legal Guardian(s) of participant _____

Street Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Parent Cell Phone _____

Parent Email Address: _____

Age of Child _____ Date of Birth _____ Academic Grade _____

Release of Liability

By signing this Permission/Liability Release Form, I expressly warrant that the child/student named above is capable of withstanding both the physical and mental demands of the activities sponsored by Gun Lake Community Church. I also expressly assume all risks of the child/student participating in the activities, whether such risks are known or unknown to me at this time. I further release Gun Lake Community Church and its administrators, leaders, employees, volunteers, and agents from any claim that my child/student may have or that I may have against them as a result of injury, death, or illness incurred during the course of participation in the activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child/student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Gun Lake Community Church to seek and secure any needed medical attention or treatment for the child/student named above, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment not covered by insurance. In the event that I cannot be reached at the phone numbers I provided, I hereby give permission for the Youth Director, adult sponsor, or other agent of Gun Lake Community Church to consent for any needed treatment for my child/student, including surgery, and I authorize them to surrender physical custody of my child/student to the Gun Lake Community Church Youth Director, adult sponsor, or other agent of Gun Lake Community Church upon completion of treatment.

Health Insurance Information

Insurance Company_____

Policy Number_____

Insurance Company Phone Number_____

Medical Doctor_____ Phone Number_____

Preferred Hospital_____

Emergency Contacts Other Than Parent

Name_____ Relationship_____

Home Phone_____ Cell Phone_____

Name_____ Relationship_____

Home Phone_____ Cell Phone_____

Medical History (Please indicate "NONE" if no concerns or allergies)

Special medical needs or concerns (medical, bee or food allergies, health conditions, medications, etc.)_____

Medication Allergies_____

Date of last tetanus shot_____

Other Information

Other Information leaders should know about the child/student or adult participant_____

For Use Only if the Participant is a Child/Youth

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Liability Release Form, and I am fully familiar with the contents thereof.

I give permission for the child/student named above to participate in the activities of Gun Lake Community Church Youth Ministries. In consideration for allowing the participation of the child in the activities of Gun Lake Community Church, I hereby consent to the Permission/Liability Release Form, including the Release of Liability above, on behalf of the child/student, and I agree that this Permission/Liability Release Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature(s) of Parent(s) or Legal Guardian_____ Date_____

_____ Date_____

Printed Name(s) of Parent(s) or Legal Guardian_____
