

Medical Consent Form

To Whom It May Concern:

We (I), the undersigned, do hereby give permission for our (my) child _____ to attend and participate in **(event name)** of **(church name)** in **(church location)**, Minnesota, **(event date(s))**.

We (I), authorize an adult, in whose care the above named minor has been entrusted by us or a staff member of **(church name)** to consent to any reasonably necessary medical examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and/or hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of Minnesota or California law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic, or urgent care facility.

We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medial and dental services rendered to the aforementioned child pursuant to this authorization.

We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation costs.

Please Fill Out the Following Information

Do you have hospital insurance? YES NO (please circle one)

Insurance Company: _____

Policy Number: _____

Please list any allergies, medical problems, current medications, etc., you think would be important for us to know about: _____

Date

Parent/Guardian Signature

Parent/Guardian Signature

PARENTAL AFFIRMATION

I, _____, do hereby affirm to **(church name)** that I have the legal authority to provide my consent and authorization for matters relating to the participation of _____ in the **(event name, church name and location, event date(s))**.

Date

Parent/Guardian Signature

Relationship to Child

WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ (“Participant Minor Child”) do hereby release, waive, discharge, and covenant not to sue and agree to hold members of **(church name)**, its officers, directors, employees, representatives, agents and affiliates, and the staff of **(event name)** from any and all claims, demands and actions of any and every kind directly or indirectly arising out of or relating in any respect to the participation of the Participant Minor Child in the **(event name, church name and location, event date(s))**. My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act by the staff of **(event name)** or sustained before, during or after **(event name)** unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of either the church or the staff of the **(event name)**.

I understand that, without limitation of the foregoing, neither the Church of **(church name)** or the **(event name)** shall be liable and each is hereby released each from all claims that may arise from loss or damage to the Participant Minor Child’s personal property or the interruption of the **(event name)** for whatever reason. Neither the Church of **(church name)** nor **(event name)** shall be responsible for any lost or stolen property of the Participant Minor Child or any persons attending day activities thereof.

Parent/Guardian Signature

Date

MEDIA RELEASE FORM

On behalf of _____ (“Minor Child”), the undersigned parent does agree to grant to **(church name)** and the Episcopal Diocese of Minnesota, permission to record on film, video tape, or audio tape, the participation of Minor Child in **(event name)** on **(date(s))**. The undersigned parent/guardian further agrees that any or all of the material recorded may be used, in any form, as part of any future productions made by or for **(church name)** or the Diocese, and further, that such use shall be without payment of fees, royalties, special credit, or other compensation to or for the benefit of Minor Child, parent, or any other person or entity.

Date

Parent/Guardian Signature

Necessary for all participants under the age of 18

FIELD TRIP PERMISSION

I, _____, Parent/Guardian, on behalf of _____, give permission for my minor child to participate in **(event name)** activities taking place off site from the **(church name and location)**. I understand that transportation to and from these activities will be provided for my child by **(church name)**. I understand that the field trips are a part of **(event name)**.

Date

Parent/Guardian Signature