



Parent/Guardian Consent/Release of all Claims/Medical Information Form

This form covers all The Rock Community Church youth trips/activities/programs/events during the current year of 2010.

To Whom It May Concern: I (parents/guardians name) _____, parent or guardian of (students name) _____ do hereby allow the named child to attend any and/or all youth group activities during 2010 that I deem appropriate. I understand that my child's participation in any trip/activity/program/event indicates my decision to allow his/her involvement therein. I agree and consent to have the staff members, leaders and/or counselors, under whose auspices the program is conducted, and any other worker in the program approved as parent to secure any emergency medical care or treatment that may be necessary for my child during any and all trips/activities/programs/events, including transportation to and from any and all destinations. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured by and/or for my child. Should I, the participant, be 18 years of age or older, I hereby agree to all of the above concerning myself.

I being 18 years of age or older, do for myself (and on behalf of my child, if said child is not 18 years of age or older), hereby release, forever discharge and agree to hold harmless The Rock Community Church and the directors thereof, from any liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and/or the child and/or that may occur while said child is participating in any youth group activity.

Furthermore, I (and on behalf of my child if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, or damage as a result of participation in any activities involved therein.

The undersigned further hereby agree to indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant.

(If the participant has not attained the age of 18 years:)

I am the parent or legal guardian of this participant, and hereby grant my permission for him/her to participate fully in said trips/activities/programs/events, and hereby give my permission to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment. In the event of an emergency, which requires immediate intervention, I grant permission to the Medical Team personnel of The Rock Community Church to intervene as deemed necessary.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that the law requires no consent from any other person.

Further, should it be necessary for the participant to return home due to disciplinary action, for medical or otherwise, I hereby assume all transportation costs.

Participant's Name _____ Date of Birth _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Parent/Guardian Name _____ Home Phone (_____) _____ Cell Phone (_____) _____

Parent/Guardian Name _____ Home Phone (_____) _____ Cell Phone (_____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone (_____) _____ Bus Phone (_____) _____

Name _____ Home Phone (_____) _____ Bus Phone (_____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

Parent/Guardian Signature _____ Date _____

(Parent/Guardian's Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____

(Participant's Signature is required regardless of age)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.