

Northpark Community Church

Parental Consent, Release of Liability and Medical Authorization for 1/1/18-12/31/18

Parents and Legal Guardians of minor youth are asked to complete this form and return it to the church. The information is designed to assist the church in providing for the safety of youth during church - sponsored events. **Make sure to fill out the front and back!**

Information (please print):

Name _____ DOB _____

Address _____ City/Zip _____

Father's Name _____ Mother's Name _____

Parent/Guardian Contact # _____

Parent/Guardian Email _____

Emergency Contact # (if different than Parent) _____

Insurance _____ Policy # _____

Student's Doctor _____ Dr. Phone _____

Student Email _____ Student Cell# _____

School and Grade (ex. Clark, 8th) _____

Parental Consent/Release of Liability

I, the undersigned, permit my child to participate in all regularly scheduled Northpark Community Church (NCC) and youth activities and I release and hold harmless NCC and their group leaders from liability and from all actions or claims that I or my child now or hereafter may have, for damage and injury to my child, or to persons or property. Additionally, I permit NCC to share our child's contact information with other students and leaders involved in youth ministry as well as share photos on ministry controlled social media outlets. I understand that NCC and the youth ministry does not allow volunteers or leaders to transmit or receive any electronic content that is illicit, unsavory, abusive, pornographic, discriminatory, harassing or disrespectful.

Should there ever arise a dispute over this consent form or a claim for damages, we agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If we cannot agree on a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association or a biblically-based alternative dispute process.

Medical Authorization

In case of a medical emergency, I give permission to NCC and their leaders to order treatment for my child. This includes necessary medical treatment or X-rays. I understand that an immediate contact attempt will be made by me. I understand that NCC and its leaders will not be responsible for medical expenses incurred, but that such expenses will be my responsibility. I also give permission to NCC and their leaders to administer Ibuprofen, Tylenol, Benadryl and other OTC generic medications if needed.

Medical Questionnaire

Is your student allergic to any type of medication? Yes/No (if yes please explain)

Is your student taking ongoing prescription medication? Yes/No (if yes please explain)

Does your student have a drug/alcohol problem? Yes/no (if yes please explain)

Does your student require a special diet? Yes/No _____

Does your student ever sleepwalk? Yes/No _____

Can your student swim? Yes/No

Does your student have any physical or emotional handicap, which would prevent him/her from participating in normal rigorous activities? (if yes please explain)

Parent or Guardian Signature_____ **Date**_____

As a youth participant, I agree that I will: **1.** Follow the guidelines and cooperate with leaders, **2.** Not leave the group locations without prior permission, **3.** Have fun and participate!

As a youth participant, I understand, agree and give my permission to be contacted via group emails or group texts from leaders to inform and update me about youth activities, as well as encourage and challenge me on a regular basis. If at any time I feel harassed or threatened with the type of communication I am receiving, I will speak with the Pastor or Ministry Leader.

Student's Signature_____ **Date**_____