

Northpark Community Church

Parental Consent, Release of Liability and Medical Authorization for 1/1/25 – 12/31/2025

Return to PASTOR CANDI: Children's Ministry or PASTOR JUSTIN: Youth

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 you fill out the front and back!

Information (please print):

Name of Minor _____ DOB _____

Address _____ City/Zip _____

Father's Name _____ Mother's Name _____

Parent/Guardian Contact # _____

Parent/Guardian Email _____

Emergency Contact # [if different than Parent] _____

School and Grade for '2024 - 2025' School Year _____

CONSENT TO PARTICIPATION

The undersigned (collectively, "Parent"), being the parent(s) or legal guardian(s) of the above named minor (the "Minor"), hereby consent to Minor's participation in "Activities" for said year, to be sponsored in whole or in part by Northpark Community Church ("Northpark").

MEDIA CONSENT

Parent hereby grants permission to Northpark to record in video, audio, or any other formats Minor's participation in the Activity, and to the use from time to time of such recording in any form in connection with any Northpark-related events, programs, and promotional activities.

CONSENT TO MEDICAL CARE

In the event that representatives of Northpark are unable to reach Parent at any of the given telephone numbers, and, in Northpark's reasonable judgment Minor requires emergency or urgent medical or dental care, Parent hereby consents and authorizes an employee or other adult representative of Northpark to cause such emergency or urgent medical, surgical, or dental examination, diagnosis or treatment, and/or hospital care, to be rendered to Minor under the supervision and on the advice of a physician, physician's assistant, nurse, or dentist duly licensed under the provisions of California law. Parent agrees that Parent shall be responsible for, and hereby agree(s) to pay, all costs and expenses incurred in connection with such medical and dental services rendered to Minor pursuant to this authorization, including any medical transportation costs.

Doctor's Name and Phone: _____

Insurance Company: _____ Policy Number _____

Preferred Hospital: _____

RELEASE AND INDEMNITY

Parent agrees to indemnify, defend and hold harmless Northpark Community church, its employees, representatives and staff of the Activity from any liability that may result directly or indirectly from the minor's participation in the Activity. This waiver and release shall include without limitation: (a) any injury, illness, death, property damage or loss to Minor which may be caused by any act or failure to act by the staff or volunteers of Northpark and/or the Activity; (b) loss or damage to, or theft of, Parent's or Minor's personal property; or (c) the interruption or cancellation of the Activity, for whatever reason.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

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 or have night terrors? Yes/No _____

If Yes, please explain how we should manage this you're your student:

Can your student swim? Yes/No _____

Does your student have any physical or emotional handicaps, which would prevent him/her from participating in normal rigorous activities?

[If yes please explain] _____

Other information we should know: _____

STUDENT PARTICIPATION AGREEMENT

As a minor 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 minor 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 Northpark 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 _____