

# PARENTAL CONSENT FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_

Parent(s) business phones \_\_\_\_\_

\_\_\_\_\_

To whom it may concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_, to attend and participate in activities sponsored by Washington Crossing United Methodist Church during the year 2009-2010.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general and special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Washington Crossing United Methodist Church.

Hospital insurance Yes  No

Emergency phone numbers:

Insurance company:

\_\_\_\_\_

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician \_\_\_\_\_

Parent's Signature

Physician's phone \_\_\_\_\_

Legal Guardian or Parent with Primary Physical Custody

List any allergies or special medical problems your child may have:

**PLEASE COMPLETE OTHER SIDE**

# LIABILITY RELEASE FORM

## Release of All Claims

In consideration for being accepted by Washington Crossing United Methodist Church for participation in ALL YOUTH TRIPS AND ACTIVITIES FOR THE YEAR 2009-10, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Washington Crossing United Methodist Church and the directors thereof from any and all 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 the child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned does hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Washington Crossing United Methodist Church.

The undersigned further hereby agree to hold harmless and 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, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in ALL TRIPS AND ACTIVITIES FOR THE YEAR 2009-10, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

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

\_\_\_\_\_  
(Type or print name of participant)

(If parents are separated or divorced, the parent with primary physical custody must sign.)

Parent or guardian's phone number:

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Legal Guardian or Parent with Primary Physical Custody

### Trip Participant Only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip.

\_\_\_\_\_  
Participant

**PLEASE COMPLETE OTHER SIDE**