

# PARENTAL CONSENT AND RELEASE FORM

## Transportation for Church Activities & off-campus outings

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parents/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

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

To Whom It May Concern:

The undersigned does hereby give permission for my child, \_\_\_\_\_, to be transported to Church or VBS activities. Sponsored by the \_\_\_\_\_ Seventh-day Adventist Church. Dates that will apply: from \_\_\_\_\_ to \_\_\_\_\_. In case of accident or injury, I authorize an adult, in whose care the minor has been entrusted to consent to the X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Art 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. **(Only if parents of child cannot be found)**.

I request that the supervising adult make efforts to call me at the emergency phone number listed above; however this request is not to prevent emergency medical treatment when necessary.

Furthermore, I on behalf on my child hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation work activities involved therein. We agree to apply for any insurance benefits, if necessary on behalf of our child, with insurance that already covers my child.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in above marked activities sponsored by the \_\_\_\_\_ Seven day Adventist Church. Phone Number \_\_\_\_\_, email \_\_\_\_\_.

The undersigned individually and on behalf of their child, assumes all risk associated with participation in the above marked field trips and outings and agree to indemnify, defend and hold harmless and fully and forever release and discharge the Central California Conference of Seven day Adventist, its employees, agents, camp counselors, volunteers and insurers from any and all claims, demands, actions, cause of actions, suits and liabilities of any kind and nature whatsoever relating to personal injury or property damage sustained directly or indirectly from the above marked VBS activities or Church trips. The undersigned understands that this realize, indemnification, defend and hold harmless agreement includes any claims based on negligence, action or inaction, or any of the above parties.

Hospital Insurance Yes \_\_\_\_\_ No \_\_\_\_\_ \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Policy Number \_\_\_\_\_ \_\_\_\_\_  
Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Physician's Name \_\_\_\_\_ Child Physician's Phone \_\_\_\_\_

List any medication, insulin, etc. taken by child that medical personnel should know about:

\_\_\_\_\_

Please list food allergies \_\_\_\_\_