



Parental Consent Form

Participant _____

If participant info is on file for calendar year initial here and skip to next section _____

Age _____ Date of Birth _____

Address _____ Home Phone _____

City, State, Zip _____ Parent's Cell Phone _____

School _____ Parent's Work Phone _____

Grade in or just completed _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child,
_____ (print name) To attend and participate in activities sponsored by
Peace Lutheran Church, Peoria, Arizona, on (_____ date).

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 or 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 Peace Lutheran Church, Peoria, Arizona.

I have read the foregoing and the Liability Release information on the opposite side of this document.

Participant
Signature needed only if age 21 or older.

Date

Father or Guardian
Both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.

Date

Mother or Guardian

Date

Liability Release Form

Release of All Claims

In consideration for being accepted by Peace Lutheran Church, Peoria, AZ, for participation in

_____ (name of trip or activity)

We (I), being 21 years of age or older, do for ourselves (myself) [and for and on behalf of our (my) child-participant if said child is not 21 years of age or older] hereby release, forever discharge and agree to hold harmless Peace Lutheran Church, Peoria, Arizona, 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 Peace Lutheran Church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree(s) to hold harmless and indemnify Peace Lutheran Church, its directors, staff and agents, for any liability sustained by 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 said trip, 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.

Hospital Insurance Yes (Please provide copy of insurance card) No Insurance

If insurance info is on file for calendar year initial here _____

Insurance Company Insurance Policy or Group Number ID Number

Insurance Company's Phone Number Company or Group Name Primary Insured's Name

Physician Physician's Phone Number

Emergency Name & Relationship (other than parent) Emergency Phone Number(s)

Please list allergies and medical conditions.

Current Medication Needed During Activity (list times and doses for each medication)

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.

Father or Guardian Date Mother or Guardian Date

Both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.

Participant Date