

2012 STUDENT MINISTRY PARENTAL CONSENT FORM

(Release form covers full yr. of 2012)

Students Last Name: _____ First Name: _____

Birth Date: Mo/Day/Yr _____ Grade: _____

Female / Male Mailing Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Parent Phone #: _____ Work #: _____ Cell: _____

Student Email: _____ Parent Email: _____

Permission: The undersigned does hereby give permission to my (our) child to attend and participate in activities sponsored by South Side Christian Church.

Release: The undersigned does hereby release SSCC and all associated parties including cooperating churches and trained personnel of liability in the case of injury to any participants in the programs provided by SSCC. SSCC cannot and should not be held responsible for a minor's conduct that violates rules established by SSCC to protect him/her from harm or injury. Should my (our) minor child violate any of SSCC's rules, policies, or procedures or behave in a manner inconsistent with SSCC's mission and philosophy while participating in the SSCC sponsored event, I (we) acknowledge that said minor child may be sent home at my (our) expense.

Medical Authorization: Should my (our) minor child become ill or injured during a SSCC sponsored event, I (we) authorize the group leader(s)/authorized personnel, in whose care the minor has been entrusted, to rely on the advice of licensed medical physician(s) and/or dentist(s), and in reliance on this medical/dental judgment to consent to any and all necessary medical and/or dental treatment, which may include x-rays, diagnostic/radiological tests, administration of medications and/or anesthesia, surgical intervention, and/or hospitalization. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in the connection with such authorization. Should it be necessary for my (our) child to be transported by an authorized emergency medical vehicle due to medical reasons or otherwise, the undersigned shall assume all costs and expenses related to such transportation and related emergency medical treatment.

SIGNATURE OF PARENT OR GUARDIAN: _____

In Case of Emergency: Insurance Co. _____

Policy # _____

Emergency Names & Phone # _____

Please list any allergies or medications your student is currently taking: _____

Do you want this form to be a blanket form for all youth activities for current yr? Yes No

If this is a blanket form, keep us aware of any changes in your health ins. or emergency contacts.