

Low Country Community Church Youth & Children's Ministries

Parental Consent, Medical and Liability Release Form PLEASE PRINT CLEARLY

Name of Youth _____ Date of Birth _____

Address _____ City _____ Zip _____

School _____ Fall 2021 Grade _____

Emergency Contact

Name _____ Relationship _____

1st number to call _____ 2nd number to call _____

Primary Medical Doctor Name _____ Number _____

Insurance Co. _____ Policy# _____

Parent/Guardian Info

Mom's Name _____ Phone Number _____

Dad's Name _____ Phone Number _____

Mom's E-mail Address _____ Dad's E-mail Address _____

Medical History

Include special medical needs or concerns such as asthma, allergies, dietary needs, etc. that youth and children's workers should be aware of.

Medications

Include ALL medicines that your child has permission to take during the Mad Monday hours of 6-8pm.

Behavioral Health, Mental Health, and Additional Information

Please list any behavioral health or mental health diagnoses AND/OR symptoms that your child has currently or has experienced in the past. Please also include ANY additional information that youth workers should know about your child.

Functions and Activities

I give my permission for my above named child to attend and participate in LC3 Children’s activities starting June 2021. Prior to the participation of my child, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this parental consent and liability form, I expressly warrant that this child named above is capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the youth’s family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers or agents from any and all claims arising from my participation or as a result of injury or illness of my child that occur while participating in the above described activities. .

Permission to Use Photos, send E-mails or Text Messages

I give permission for the church, whether that being ministers, staff, leadership and/or volunteers to use photos of my child in church publications such as newsletters, church website, or other related areas (Facebook, YouTube, Twitter, Instagram). I also give permission for the church to contact me via e-mails and/or text messages as a means of communication other than just telephone calls. I furthermore understand that the church will not use these means in an inappropriate way.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I authorize an adult, in whose care the child has been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

If Participant is a Minor

I represent that I am the parent/guardian of the child listed, who is under 18 years of age. I have read this Consent & Waiver Form and am fully familiar with the contents thereof. I give permission for the child named to participate in the activities of this church. I hereby consent to the Permission and Waiver Form, including the Release of Liability, on behalf of my child, and agree that this Permission and Waiver Form shall be binding upon me and my estate.

Signature of Parent/Legal Guardian

_____ Date _____

I acknowledge that all information on this form may be shared with Youth and Children’s Workers so they can care for the needs of my child.

Signature of Parent/Legal Guardian

_____ Date _____