

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 2020 Grade _____

Youth's E-mail Address _____ Youth's Cell# _____

Insurance Co. _____ Policy# _____

Home Phone _____ Parent Names _____

Mom's Work# _____ Dad's Work# _____

Mom's Cell# _____ Dad's Cell# _____

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

Functions and Activities

I give my permission for my above named child to attend and participate in activities, programs, and trips sponsored by Low Country Community Church from September 2020 through September 2028 (unless otherwise noted in a separate permission form). Prior to my participation or 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, physical injury due to transportation-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 or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me 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 or my 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, programs, and trips from September 2020 through September 2028.

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 or my child 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, or I, if I am a participant, 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.

Emergency Contact

Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Primary Medical Doctor Name (if applicable) _____ *(continue on next page)*

Medical History

Include special medical needs or concerns such as asthma, allergies to medicines/foods/animals, health conditions, past surgeries, dietary needs, etc. that youth and children’s workers should be aware of.

Medications

Include ALL medicines that your child has permission to take at a regular youth group meeting or overnight retreats. All medicines must be in labeled containers and youth are not allowed to share with other youth.

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.

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. I realize that if my child breaks the covenant, he/she is subject to be sent home at my expense.

I also realize that some youth and children’s events involve water related activities. **I acknowledge that my child is a good swimmer and can handle swimming in areas such as but not limited to the ocean, inlet, or a pool even when a lifeguard is not present.** If my child is not a good swimmer, I will make note of that in the “additional information” category above.

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 _____

Youth

Along with the leaders and other youth, I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I agree to participate in these activities of the church; my participation in church activities depends on my support of this agreement. By signing this covenant, I understand that I am subject to be sent home and am responsible for any legal consequences if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons, disrespect of authority, or any other activity that adult leaders or pastors deem as inappropriate. I covenant to strive to make each activity/trip/retreat the best that it can be!

Youth Signature _____ Date _____

If your child is going on a Youth Retreat or Mission Trip and does not have an active medical insurance policy, please let Austin Bond know at least 3 weeks prior to trip.

**A new form must be completed for each child when there is a change in contact information or insurance information.
Thank You!**