

# Parental Liability Release/Consent Form

Students Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Parent(s) Business Phones \_\_\_\_\_ Cell Phones \_\_\_\_\_

To whom it may concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_  
to attend and participate in \_\_\_\_\_ at \_\_\_\_\_

(Trip or Event)

(Location)

on/from \_\_\_\_\_, sponsored By the Oakland Church of The Brethren.

(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 provision 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 coast 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 cost.

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 **Oakland Church of The Brethren.**

The undersigned hereby release the Oakland Church of the Brethren, church employees, and volunteer staff of the Oakland Church of the Brethren from any and all liability while attending and participating in activities sponsored by **Oakland Church of The Brethren.**

Medical Insurance Yes \_\_\_\_\_ No \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Preferred Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone # \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Participant \_\_\_\_\_ I, agree not to bring any inappropriate items to this event. I agree to give proper respect to the leaders and my peers. I agree to exercise good care in the treatment of the facilities we are using. Date \_\_\_\_\_