

Celtic Cross Presbyterian Church
Permission Slip, Waiver, Medical Authorization and Release
Covering September 1, 2023 - September 1, 2024

Name of Student _____ Age _____ Gender _____
Birth Date _____ Grade _____ School _____
Address _____ City _____
State _____ Zip _____ Home Phone _____ Mobile _____
Name of Father _____ Mobile _____
Father's Email _____ Work Phone _____
Name of Mother _____ Mobile _____
Mother's Email _____ Work Phone _____

Functions and Activities:

I understand that participating in the programs and activities of Celtic Cross Presbyterian Church (CCPC) is a privilege. Prior to my child's participation in such activities, I acknowledge that certain risks are associated with the activities, including 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.

The undersigned hereby gives consent to and authorize the minor child named above to participate in the all events conducted by CCPC. I further authorizes my minor child to travel with representatives of CCPC in private or other vehicles to any such events.

Publicity:

On occasion, CCPC takes photographs or makes an audio or videotape recording of children and/or adults involved in CCPC activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in CCPC publications or advertising materials to let other know about our ministry. In addition, local news organizations may hear of our activities or events, and CCPC may allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of CCPC see fit (unless the box below is checked). This consent includes but is not limited to: photographs, videotape, audio recordings, and the CCPC web site.

If you DO NOT consent to your child appearing in CCPC publicity (including, but not limited to, photographs, videotape, audio recordings, and the CCPC website), please write, "I DO NOT CONSENT" on the line below.

Release of Liability:

By signing this form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I, the undersigned, for my child, my child's personal representatives, assigns, heirs, distributees, guardians, and the next of kin ("the Releasors"), hereby irrevocably and unconditionally release, waive, discharge, and covenant not to sue CCPC and its ministers, leaders, employees, volunteers, and agents, for and from all claims of any nature now and hereafter existing whether known or unknown, including but not limited to, all liability and the Releasors, on account of injury to my child or death to my child or injury to the property of the child, whether caused by the negligence of CCPC, its ministers, leaders, employees, volunteers, and agents or otherwise, during the course of my child's participation in the activities, arising out of or in connection with activities related to CCPC, or any travel connected therewith.

Please turn over, fill out back.

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 do hereby give permission for agents of CCPC to seek and secure any needed medical attention or treatment for the child named including hospitalization, if in the opinion of the agent such a need arises. Further, I authorize the agent of CCPC to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of, any physician, surgeon, or dentist licensed under the laws of the State or County in which the medical care is being sought and on medical staff of any hospital. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment including any treatment a physician, surgeon, or dentist may deem necessary.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned physician, surgeon and/or dentist, in the exercise of his/her best judgment, may deem advisable. I hereby authorize any hospital which has provided treatment to my child to surrender physical custody of the child to the agent upon the completion of treatment.

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Health Insurance:

Insurance Company _____ Phone Number _____ Policy Number _____

Doctor _____ Phone Number _____ Date of Last Tetanus _____

In the event that parent(s) and/or legal guardian(s) cannot be reached, call (name and phone of emergency contact):

Other Information:

Other information CCPC leaders should know about the child:

Parent or Guardian Signature

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above form and am fully aware of the contents thereof.

I give permission for the child named above to participate in the activities of CCPC, including any special events/activities. In consideration for allowing the participation of the child in the activities of CCPC, I hereby consent to the above terms on behalf of the child and agree that this form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. In the event that any of the above information should change, I (we) understand that it remains my (our) responsibility to communicate the updated information to CCPC in a timely manner.

I, on behalf of myself and all Releasors, agree to defend, indemnify and hold CCPC harmless against any and all claims made by any other agency or individual on the child's or guardian's behalf, or by my child (once s/he reaches the age of majority) or person for whom I am guardian.

Signature of Parent or Legal Guardian.

Date

Print Name of Parent or Legal Guardian