

Medical Release/Parental Consent Form

Illuminate Community Church

17800 N. Perimeter Drive

Scottsdale, AZ 85255

Effective 2019

Personal Information

Name of Participant _____

Address _____ City _____

St _____ Zip _____ Phone _____ Birth date _____ Grade _____

Main Contact person in case of emergency, and relationship _____

Phone _____ Cell Phone _____ Work Phone _____

Secondary Contact person in case of emergency, and relationship _____

Phone _____ Cell Phone _____ Work Phone _____

Allergies to medications; serious allergic reactions in nature; special health problems; special medical health history (please list or attach a separate sheet)

Prescription drugs or drug therapies: (please list or attach a separate sheet)

Additional Comments:

Health/Insurance

Blood Type _____ Family Physician _____ Phone _____

Address _____

Insurance Company _____ Policy # _____

Name of insured (i.e. Father's name) _____

My child has permission to attend all church sponsored student ministry activities as listed in calendars, including but not limited to the following: cook-outs, swimming, basketball, roller skating, roller blading, games in the park, soccer, paintball, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, golfing, miniature golf. **Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to White Mountain Bible Church prior to that event.**

Signature of Parent or Legal Guardian _____ Date _____

Student's Signature _____ Date _____

Waiver and Release from Liability - Illuminate Community Church Student Ministries

I acknowledge that my child's participation in the Illuminate Community Church Student Ministry program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but not limited to: outings, athletic games, local excursions, and meetings. I acknowledge that my child's participation in any Illuminate Community Church Student ministry activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Illuminate Community Church Student Ministry program activities, I agree to the following:

Illuminate Community Church is not responsible for the loss or theft of personal belongings. _____ Initial

Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee. _____ Initial

I understand and authorize that my child's image may be photographed, and used in various social media, website, or publication channels. _____ Initial

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors, and assigns: A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Illuminate Community Church's Student ministry activities, the following person or entities: Illuminate Community Church, its Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above: B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities I have waived, released or discharged herein except in the case of gross negligence on the part of Illuminate Community Church, Illuminate Community Church staff or volunteers and C) I **indemnify and hold harmless** the person or entities mentioned above from any claims or liabilities assessed against them as a result of my child's actions. I **hereby assume the risks of my child participating in all Illuminate Community Church Children and Student Ministry activities.** _____ Initial

The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible.

Permission is also granted to an Illuminate Community Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility. I give my permission to the staff to administer Tylenol/Acetaminophen, Advil/Ibuprofen, Benadryl/ Diphenhydramine or over the counter antacids as needed. _____ Initial

Parent's Name and email _____

Student's Name _____

Signature of Parent or Legal Guardian _____ Date _____