

**Arbuckle Community Church
Student Consent Form 2021**

Name of Student _____ Birth date _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Work telephone _____

Other person and/or number to call in emergency _____

Medical Information Is your student presently being treated for an injury/sickness or taking any medication? Yes No

If yes, please explain. _____

Does your student have, or has your youth ever had, any of the following? (Please check all that apply.)

- Asthma Allergies Kidney Disease
 Diabetes Heart Murmur Other

Please explain. _____

Does your student sleepwalk? Yes No

Does your student have a physical handicap/illness that would prevent him/her from participating in normal rigorous activity?

Yes No If yes, please explain. _____

Family Doctor: _____ Doctor's Telephone: _____

Insurance Co.: _____ Policy No.: _____

Consent and Certification

I, the undersigned, being a parent or legal guardian of the student named above, do hereby consent to the participation of my student in all the scheduled activities of Arbuckle Community Church, and any other supervised activities customarily associated with its Arbuckle Youth or Arbuckle Kids, including youth group and overnight or weekend youth trips. Further, I certify that my student, unless noted above, is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify a church leader in writing.

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment Authorization and Release of Liability

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of named student.

I/We have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from all liability for any injury, loss, or damage to person or property that may occur during my/our child's involvement. If he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a family ministries staff member.

Signature of Parent or Guardian

Date

Youth Pledge

I hereby pledge to uphold all policies of Arbuckle Community Church. During all activities and all trips, I pledge to follow all instructions of the leaders and the adult chaperones, including safety instructions.

Signature of Youth

Date