

DAVID'S UCC HEBE
PARENTAL CONSENT FORM

This Parental Consent Form gives permission for my child to participate in activities sponsored by David's United Church of Christ, 1907 Klingerstown Road, Herndon, PA 17830, a local church of the United Church of Christ. (All portions of this form shall be completed for registration.) **This form is in effect from February 1, 2015 through January 1, 2016 .**

Name of Child _____

Age/Grade _____ Phone _____

Address _____

I give permission for my child _____ to attend and participate in
(full name of child)

Children's Fellowship Group ANY AND ALL Children's Fellowship ACTIVITIES of David's United Church of Christ (Hebe) ***to include the transportation to and from any events or activities or other destinations relating to David's Children's Fellowship as deemed appropriate by the adult leaders, AND permission to the Church the use of any picture's or video clips taken during David's UCC Children's Fellowship events or related events for use by David's UCC (Hebe) on church bulletin boards, in publications, on her website, or on her Facebook page.***

My child has the following physical condition that may require special attention.

Diabetes Hyperventilation Convulsions Seizures Allergies

Other

(please provide any important details)

Does your child take any medications? If so, please

specify _____

Does your child require any special accommodations or have special accessibility needs?

Explain

(An adult leader will contact you to discuss these needs.)

Medical Treatment Release and Liability Release

I hereby authorize event staff to obtain and give consent for medical treatment for my child for such injury or illness that may occur during the event, and hereby hold the event staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles operated by the adults in whose care the minor has been entrusted while attending and participating in this event.

It is my understanding that the above named participant will be covered by my personal medical insurance. The event provides limited/supplemental medical payment coverage for injuries arising out of the event activities which is payable in excess of any other collectible insurance. Payments of any medical injuries not covered by my insurance or the event limited/supplemental medical insurance will be paid by me.

Name of parent/guardian (Please print) _____
Signature of parent/guardian _____
Telephone: Home _____ Office _____ Cell _____
Medical Insurance Carrier _____ Group Number _____

Every effort will be made to contact the parent/guardian prior to any treatment being rendered to the above child.