

**THE CHAPEL, FAMILY MINISTRY**

**STUDENT PERMISSION FORM**

**EFFECTIVE DATES: September 1, 2016 – August 31, 2017**

**STUDENT'S INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_ M / F

School \_\_\_\_\_ GRADE \_\_\_\_\_

Address \_\_\_\_\_

Student lives with (circle all that apply): Father Mother Stepfather Stepmother Guardian Grandparent

**PARENT'S/GUARDIAN'S INFORMATION**

Name(s) \_\_\_\_\_ Cell Phone Number(s) \_\_\_\_\_

Email Address(es) \_\_\_\_\_

**INSURANCE INFORMATION**

Medical Insurance Company \_\_\_\_\_

Policy/Group/Contract ID #s \_\_\_\_\_

Policy Holders Name (please print) \_\_\_\_\_

Known allergies/medications/medical conditions or problems:

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS and RELATIONSHIP to STUDENT** (please list in order)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

The undersigned does hereby give permission for (student's name) \_\_\_\_\_ (referred to hereafter as "Participant") to attend and participate in any Chapel Student Ministry youth activities, events, retreats, small groups, and meetings during the period of September 1, 2016 – August 31, 2017.

**LIABILITY RELEASE:** In consideration of The Chapel allowing the Participant to participate in youth ministry, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless The Chapel, its pastors, directors, coordinators, employees, and volunteers (collectively herein "The Chapel") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in youth activities. I, the parent or legal guardian of this Participant, hereby grant permission for the Participant to fully participate in youth ministry activities, including trips away from church premises. Furthermore, I, on behalf of this Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify The Chapel for any liability sustained by The Chapel as the result of the negligent, willful, or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency 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 provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for the Participant to return home due to medical reasons, disciplinary actions, or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for the Participant to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by The Chapel. The Participant and I understand that seat belts must be worn at all times during transportation.

**PHOTO RELEASE/USE PERMISSION:**  Check here if you give THE CHAPEL permission to photograph, record, publish and print the likeness or image of the Participant obtained during Chapel related activities. Checking this box indicates you release all claims against The Chapel with respect to copyright ownership and publication including any claim for compensation.

## **SIGNATURES**

\_\_\_\_\_  
Print Name of Participant/Student

\_\_\_\_\_  
Signature of Participant/Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date