

Authorization to Treat Minor

We, the undersigned parent(s) of _____, a minor, do hereby authorize adult workers of Dover First Christian Church (Dover, Ohio) as agents for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Parent or Guardian Signature

Date

Street Address

Telephone/Emergency Phone #

City, State, Zip

Alternate Emergency Phone #

Name of Insurance Company

Policy Number

Release of All Claims

In consideration for being accepted by Dover First Christian Church (Dover, Ohio) for participation in youth activities, we(I) on behalf of the above mentioned minor child, do hereby release, forever discharge and agree to hold harmless Dover First Christian Church (Dover, Ohio) from all liability, claims or demand for 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 minor-participant that may occur while said minor participates in youth activities.

Furthermore, we (I) on behalf of the above mentioned minor child hereby assume all risk of personal injury, sickness, death or damage as a result of recreation activities or travel involved therein. The undersigned further agree(s) to indemnify said church, its director, employees and agents, for any liability sustained by said church as the result of the negligent, willful or incidental acts of said participant.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activities. We (I) further give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation of emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Printed Name of Participant

Date

Both parents/guardians must sign below unless parents are separated or divorced, in which case the custodial parent must sign.

Father's/Guardian signature

Date

Mother's/Guardian signature

Date

Internet Release Form

Dover First Christian Church has a website containing information about the church and upcoming activities for the youth and the church. This web address is <http://www.doverfcc.com>. As a part of the website the church would like to post pictures of our kids and adults participating in various activities on the internet. This also includes use on various social media platforms.

I _____ give permission for pictures of my child, _____ to be
(name of parent/guardian) (name of child)
used on church related websites and in promotional materials.

(signature of parent or guardian)

(date)

PLEASE COMPLETE OTHER SIDE

Is your child currently taking prescription medications? No _____ Yes _____ If yes, please list below:

Does your child have any food allergies? No _____ Yes _____ If yes, please list below:

Does your child have any other known allergies? No _____ Yes _____ If yes, please list below:

Is there anything else we need to know about your child's health (i.e. heart condition, asthma etc.)

No _____ Yes _____ If yes, please list below:

If your child is suffering from a headache, do we have permission to give him/her a mild pain reliever such as Tylenol, Aspirin or Advil?

Yes _____ No _____

Who is your family physician? _____

Physicians number _____

Traveling Waiver

As a part of our youth ministry at Dover First Christian Church, we often travel to places other than the church for special events (All-Night Party, conferences etc.) Many of our kids will be transported by a rented van or the vehicles of youth group leaders. The following statement gives us as a church permission to transport your child without the fear of liability.

I, _____, herby give permission for Dover First Christian Church to transport
(name of parent/guardian)

_____ to and from various events as a part of their participation in youth activities at
(name of child)

Dover First Christian Church. I understand that this means they may travel in a rented van or with the adult chaperones involved at Dover First Christian Church, and I herby release, forever discharge and agree to hold harmless Dover First Christian Church (Dover, Ohio) from all liability, claims or demand for personal injury, sickness or death which may be incurred by the undersigned and the minor-participant that may occur while said minor participates is being transported as a part of the youth ministry.

(signature of parent/guardian)

(date)

PLEASE COMPLETE OTHER SIDE