

OFF-SITE CONSENT AND WAIVER FORM for FOP KIDS

This Form is required from all Kids overnight trips.

Name of Activity: _____

(Please print)

Participant's Name: _____ Birth Date: _____ Age: _____

Girl/Boy: _____

Address: _____ City/State: _____

Zip: _____

Home Telephone: (_____) _____

Participant resides with (check all that applies): Mother _____ Father _____

Guardian(s) _____

Custodial Parent/Legal Guardian's Name:

Home Address: _____ City/State: _____ Zip: _____

Home Telephone: (_____) _____ Business (_____) _____

Cell (_____) _____

Emergency Contact: _____ Relationship: _____

Home Telephone: (_____) _____ Cell: (_____) _____

Second Contact: _____ Relationship: _____

Home Telephone: (_____) _____ Cell: (_____) _____

PARTICIPATION PERMISSION: I, the undersigned, am custodial parent/legal guardian of Participant and request that he/she be allowed to participate in all Fop Kids/Fellowship of Praise events, including travel time and all events and activities related to said Activity. I understand that in the event Participant fails to conduct her/him in a manner consistent with the policies of the Children's Ministry, she/he may be requested to leave the Activity and return home at my expense and that additional disciplinary action may result.

LOST OR STOLEN ITEMS: I hereby understand and agree that neither Fop Kids or Fellowship of Praise nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the Activity.

MEDICAL INFORMATION: Is Participant taking any medications **OR** have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.) ___ yes ___ no **If yes,** explain (attach additional sheets as necessary):

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) ___ yes ___ no **If yes,** explain (attach additional sheets as necessary):

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.) ___ yes ___ no **If yes,** explain (attach additional sheets as needed):

Does your child have any disabilities or physical or developmental limitations? ___ yes ___ no **If yes,** explain (attach additional sheets as necessary):

Date of last tetanus immunization: _____

Participant's Primary Physician: _____ Telephone: (_____) _____

Health Plan Carrier:

Group#: _____ Policy#: _____

Name of primary insured:

_____ (Parent Initial)

Off-Site Consent and Waiver

REQUEST AND AUTHORIZATION TO ADMINISTER MEDICINES: I request and authorize the staff of the Activity to administer the medicines listed below to Participant, as indicated:

Name of Medicine Dosage Frequency

1. _____
2. _____

NOTE: ALL MEDICINES TO BE TAKEN OR ADMINISTERED MUST BE ARRANGED FOR IN ADVANCE AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE PARTICIPANT'S NAME AND DOCTOR'S INSTRUCTION. (Attach extra pages if necessary)

I hereby grant _____ do not grant _____ permission for non-prescription medication (such as non-aspirin products, i.e., acetaminophen or ibuprofen, throat lozenges, etc) to be given to Participant, if deemed appropriate.

Parent/Guardian Signature: _____

Date _____

CONSENT TO TREATMENT OF PARTICIPANT: I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the Activity and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. **I accept full responsibility for any medical or hospital bills associated with the care of Participant.**

LIABILITY WAIVER: In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, the Kids & Church Ministry, and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the Activity, including the administration of Authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, travel to and from the Activity, housing, meals and collateral entertainment to the fullest extent permitted by law.

I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this OFF-SITE CONSENT AND WAIVER FORM FOR FOP KIDS consisting of two (2) pages.

SIGNATURE:

Custodial Parent/Guardian Name (please print):

Custodial Parent/Guardian Signature:

Date _____