

SHADES MOUNTAIN COMMUNITY CHURCH PARENTAL CONSENT FORM

The undersigned does hereby give permission for my child _____ (child's name) ("Participant"), to attend and participate in any Shades Mountain Community Church (SMCC) children/youth ministry activities, events, retreats and childcare during the period of June 1, 2024 – August 1, 2025.

LIABILITY RELEASE: In consideration of SMCC allowing the Participant to participate in any children/youth ministry activity (for example, events, retreats, camps, lock-ins, trips, mission trips of and led by SMCC) (collectively herein "Activities and Trips") and childcare at SMCC, I, the undersigned, do hereby release, forever discharge and agree to hold harmless SMCC, its Pastors, Elders, directors, employees, volunteers and teachers (collectively herein the "Church") 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 Participant while involved and participating in the Activities and Trips and childcare. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in Activities and Trips and childcare, including trips away from the church premises. Furthermore, I, on behalf of my minor 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 Church for any liability sustained by the Church 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 Participant 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 Participant 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 or similar such provisions of the foreign country where the Participant is located in the case of a mission trip. **The church will make effort, if time allows, to contact the parent or guardian prior to such treatment being administered.** 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 Participant pursuant to this authorization. Travel medical coverage will be included in the cost of all international trips. **MEDICAL INFORMATION FORM IS ATTACHED**

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by SMCC. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

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

Name of youth participant

x _____
Signature of youth participant

Date

Name of parent/guardian

x _____
Signature of parent/guardian

Date

MEDICAL INFORMATION

YOUTH INFORMATION (please print)

Youth Full Name _____ Nickname _____

Home Address _____

Home Phone _____ Cell Phone _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s) _____

List all parent/guardian contact phone numbers in best order to be reached _____

Parent Email Address(es) _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name _____ Relation _____

Phone(s) _____

INSURANCE INFORMATION

Medical Insurance Company _____ Phone _____

Policy/Group ID# _____

Policyholder's Name (please print) _____

Required – Attach a copy of medical insurance card.

PRIMARY CARE PHYSICIAN

Name _____

Phone(s) _____ Name of Practice _____

Date of Last Tetanus Shot _____

List any **allergies or other medical conditions** of the youth participant (please include special instructions regarding allergies)

(Medical Form cont'd next page)

MEDICATION

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription and/or non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to **give ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event.** Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.

Medication Name	Dose	Treatment for	Dispensing Instructions
Example: Zyrtec	5mg	Allergies	One pill in the morning with food

Over the Counter Medication Permission: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

- ☐ **No.** Contact me or get medical help if my child has any minor medical concerns.

Parent Signature _____

- ☐ **Yes.** I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as-needed basis to treat non-emergency medical conditions.

Parent Signature _____

SHADES MOUNTAIN COMMUNITY CHURCH PHOTO RELEASE FORM FOR CHILDREN AND YOUTH

I agree that Shades Mountain Community Church (SMCC) may photograph and record my child/dependent's likeness and activities (image)* during church-related activities. I grant the following rights to SMCC: permission to use and re-use, publish and re-publish, and modify or alter the image(s) taken during the shoot. Use of the images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the images and release and discharge SMCC from any and all claims arising out of use of the images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Child/Youth's Name (print)

Parent/Guardian's Name (print)

X

Parent/Guardian Signature

Date

Street Address

City, State, Zip

Parent/Guardian's Email

Phone

*Image means all photographs, film, or other recording taken of your child/dependent as part of the shoot.