

I/We, Full Name of Parent/Legal Guardian am/are the lawful custodial parent or legal guardian of Minor's full legal name Date of Birth: _____

Home Address: _____

Minor's name, has my/our consent to travel with any Hope Church Converge Student Ministry Chaperon from March 1st – 3rd, 2024.

RELEASE OF LIABILITY

The undersigned parent/legal guardian hereby gives permission to Hope Church, for my child (insert child's name) _____ to take part in the following activity: DNow One Weekend 2024. Should my child require immediate or emergency medical care while engaged in an activity sponsored by the Church, in my absence, I hereby grant the Church authority to release my child for medical treatment to such medical personnel as the Church determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless the Church, its officers, and agents, from any liability to or responsibility for bodily injury, damage, or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers, and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.

PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT THAT INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION

Information for Medical Treatment

Physician's Name and Location of Practice: _____ Phone# _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note **all** conditions for which the child is currently receiving treatment:

Note any other significant medical information including medicine to be administered during the trip:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for Julie Loehr (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life-threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnoses, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. This authorization is effective on the dates listed above.

Signature

Print Name

Date