

**GENERAL PERMISSION FORM,
RELEASE & MEDICAL AUTHORIZATION**

Child's Information:

Last Name: _____ First Name: _____

Age: _____ Grade: _____

Parent/Guardian: _____

Parent Email _____

City: _____

Zip: _____

Home Phone: _____ Cell Phone: _____

Name and number of person other than parent/guardian to notify in case of an emergency:

List anyone other than Parent/Guardian that has permission to pick up your child:

Insurance Information: (if available)

Co.
Name
and
Address:

Hospitalization Policy #: _____

Policy Issued under name of: _____

Medical Information:

Is your child subject to: fainting spells? _____ heart trouble? _____ epilepsy? _____
diabetic? _____

Medication:

Food:

Does your child have any handicaps which would greatly hinder him/her from entering into full
program
activities? _____ If so what?

Has your child had a tetanus shot? _____ Date? _____ Any special dietary needs?

CONSENT INFORMATION

My Name is (parent's name) _____ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge The Journey Community, its agents, servants, and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by (child's name) _____ while participating in any Children's Ministry activity, or activities, (including travel to and from such activities) resulting from the negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of The Journey Community, for any and all activities.

By signing this agreement, I give my permission for my son or daughter to receive medical attention in the event of an emergency.

I give consent to medical and surgical treatment as needed in the judgment of the treating physician chosen by representatives of The Journey Community. I also give The Journey Community and its representatives permission to transport my child at their discretion in case of emergency. I do hereby agree to hold The Journey Community, their agents, and employees harmless of any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child, property, even injury resulting in death, which I now have or which may arise in the future connection with the activity or participation in any other associated activities. Lack of cooperation with policies will result in a student returning home at parent's expense. I certify to my knowledge that my child has not been exposed to any contagious disease within the past 30 days.

I understand and will allow photos and videos of my child to be taken while at this event to be used in any of The Journey Community publications. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication the church will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against the church from un-consented use, alteration, or republication of my photographs and video by third parties accessing the Internet/World Wide Web.

Signature of Parent or Guardian _____

Date _____