

Yearly Permission Form

Jeffersontown Christian Church
10631 Taylorsville Road
502-267-5474

PARENT OR LEGAL GUARDIAN OF A MINOR CONSENT AND HOLD HARMLESS FORM

PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE PROGRAM YEAR – AUGUST THROUGH JULY.

IT IS THE PARENT'S OR LEGAL GUARDIAN'S RESPONSIBILITY TO NOTIFY THE YOUTH MINISTER OF ANY CHANGES THAT NEED TO BE MADE DURING THE PROGRAM YEAR.

PROGRAM YEAR:
2018-2019

Child's Name: _____
Date of birth: _____ Sex: _____
Address: _____
Grade: _____ School: _____

Emergency Contact Information:

Name (Relationship): _____
Home Phone: _____ Cell Phone: _____ Alt. Number: _____

Alternate Emergency Contact Information:

Name (Relationship): _____ Phone Number: _____

I, _____ (printed name of parent/guardian) being the parent or legal guardian of

_____ (printed name of minor) hereby give my consent for my minor child to participate in youth activities at Jeffersontown Christian Church from _____ (date) to _____ (date, not to exceed one year from date of signing.)

I understand that all reasonable safety precautions will be taken by the program leaders during each activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Jeffersontown Christian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

Minor child's medical conditions (allergies or other medical conditions) that activity leaders should be aware of: _____

There is a *Permission To Dispense Prescribed Medication* and/or *Permission To Self-Administer Prescribed Medication* and/or *Permission To Dispense Non-Prescription Medication* form/s on file for my minor child. **Yes No** (circle one)

My minor child should be excluded from the following activities: _____

Signature of parent/guardian: _____ Date: _____

PARENT OR LEGAL GUARDIAN CONSENT TO TREAT A MINOR

Being the parent or legal guardian of _____ (minor's printed name), I _____
_____ (parent/guardian's printed name) do consent to any x-ray, anesthetic, medical, surgical, or
dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be
made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity
leader to make the decisions necessary for treatment including providing information included on the *Permission To
Dispense Prescribed Medication* and/or *Permission To Self-Administer Prescribed Medication* and/or *Permission To Dispense Non-
Prescription Medication* form/s if applicable. Should there be no activity leader available, I give permission to the attending
physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child
will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my
insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any
policy of the church or organization sponsoring this event will be used as the secondary coverage.

Minor's date of birth: _____

Parent/Guardian Signature: _____ Date: _____

Medical Insurance Company: _____

Medical Insurance ID or Group #: _____

Medical Insurance Company Phone #: _____

Primary Care Physician: _____

Primary Care Physician Phone #: _____

NOTARY

Before me this day _____ (date), _____ (parent)
Personally known to me or who has produced _____ (driv. Lic. #)
As identification and who executed the forgoing instrument for the purpose therein expressed.

Notary Signature: _____ My commission expires: _____

Processed by: _____ Date: _____