

Presbyterian Church of Stanley

2010/2011 Parent / Guardian Consent / Release

(Including emergency medical treatment for all children under the age of 18.)

Complete one form per child.

Print Information:

Child's Name: last first goes by (if different than first)

Date of Birth Age: (indicate months for children under 2 years old)

Circle one: Male Female School Grade (2010-2011)

Parent(s) Name: last first

Address: street city state zip

Home Phone AC Parent Cell: AC

Work Phones: AC /mom AC /dad

This is to certify that my relationship to the above-named minor is: (check as applicable)

- One of two custodial parents, and I certify that I have the consent and authorization of the other parent to sign this consent/release form.
I am the sole custodial parent.
I am the legal guardian. (proof of guardianship must be provided.)

Does your child (please fill in information or mark N/A if not applicable):

- Have any special needs?
Allergies? Medications
Foods:
Environmental:
Need any medications?
Have any dietary concerns?

Physician: Phone: AC

Name of Insured & Policy Number:

Insurance Company's Name:

In case of emergency, please contact: (first and last name)

Relationship to child: Phone: AC

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I hereby consent that I am authorized to execute medical consent on behalf of the above-named child. I hereby give my consent for said child to participate in the Children's and/or Youth Ministries programs at the Presbyterian Church of Stanley, 14895 Antioch, Overland Park, Kansas, including any planned off-site activities.

In the event of an emergency, I understand that my child will be taken to St. Luke's South Hospital, 12300 Metcalf, Overland Park, Kansas. I give my permission to an X-ray examination, anesthetic, medical or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision of, and upon the advice of, a duly licensed physician and/or surgeon.

I give permission for my child to be photographed, videotaped and/or audio taped during Children's Ministries activities. I understand that these pictures and/or sounds may be shared with the children, church membership, and/or visitors including use on our website. No names will be listed with pictures.

Check here if NOT giving permission for photographs.

Consent and Release

I (and, if applicable, the child's other custodial parent) hereby consent that the child named on this form may participate in church/nursery/children's/youth activities for the period of August 1, 2010, through August 31, 2011.

By accepting this form, the Sponsor agrees that, in the event of an emergency, reasonable efforts will be made to contact the responsible adult listed on the reverse of this form as quickly as is feasible under the circumstances.

In confirmation of the above, I sign this Consent and Release this _____ day of _____, _____.

(Parent's Name printed)

(Parent's Signature)

MUST BE SIGNED BEFORE A NOTARY PUBLIC.

State of Kansas)
S.S.
County of Johnson)

On this _____ day of _____, 201____,

_____ personally appeared before me

whom I know personally, whose identity was proved to me on the basis of satisfactory evidence, and who acknowledged the execution of the foregoing form and stated that the information therein set out is true and correct to the best of his/her knowledge and belief.

My commission expires:

Notary Public Signature

Seal:

This form will not be accepted with changes or deletions.

Presbyterian Church of Stanley

**2010/2011 Adult Consent / Release Form for—
Age 18 and over**

(Including emergency medical treatment for anyone age 18 and over.)

Print Information:

Concerning: _____
(last name) (first name) (middle name or initial)

(Date of birth) (age)

(street) (city) (state) (zip)

Concerning this participant (write N/A if not applicable):

Have any special needs? _____

Have any allergies? List them here: Medications _____

Foods _____

Environmental _____

Need any medications? _____

Have any dietary concerns? _____

Have a medical condition that would keep this participant from fully participating _____

Physician: _____ Phone: _____ - _____ - _____

Medical Insurance:

Insurance Company's Name: _____

Insured's Name: _____

Policy Number: _____ Group Number: _____

Emergency Contact:

Name: _____ Phone: AC _____ - _____ - _____
(first and last name) (relationship)

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I further consent and authorize that if, in the sole discretion of the adults in charge of said activity, I am in need of emergency medical treatment during the period above noted, any such adult may give consent on my behalf to such treatment, and may sign appropriate consent forms in my behalf to the same effect as if I had personally signed such consent forms.

I hereby release, and agree to indemnify and hold harmless (1) The Presbyterian Church of Stanley (hereinafter, the "Sponsor") as sponsor and organizer of said event, and (2) all medical personnel providing such medical treatment to said participant during said period, for any claims alleged to have arisen out of such participation or such treatment (in the absence of gross negligence or willful misconduct), and I hereby further release the Sponsor and all persons associated with it for any claims that I, said participant, or anyone else might have arisen out of the participation in such event or the consenting to, or the providing of, any such emergency medical treatment to participant (in the absence of gross negligence or willful misconduct).

I hereby give my permission to be photographed, videotaped and/or audio taped during activities. I understand that these pictures and/or sounds may be shared with the church membership, children, youth, and/or visitors, including use on our website. No names will be listed with the pictures.

Check here if NOT giving permission to be photographed, audio and/or video taped.

By accepting this form, the Sponsor agrees that, in the event of an emergency, reasonable efforts will be made to contact the responsible adult listed on the reverse of this form as quickly as is feasible under the circumstances.

Consent and Release

Adult Consent for the period of August 1, 2010, through August 31, 2011.

In confirmation of the above, I sign this Consent and Release this _____ day of _____, _____.

(Participant's Name printed) If 18 or over

(Participant's Signature)

MUST BE SIGNED BEFORE A NOTARY PUBLIC.

(Address) (City) (State) (Zip)

State of Kansas)
S.S.
County of Johnson)

On this _____ day of _____, 201____,

_____ personally appeared before me

whom I know personally, whose identity was proved to me on the basis of satisfactory evidence, and who acknowledged the execution of the foregoing form and stated that the information therein set out is true and correct to the best of his/her knowledge and belief.

My commission expires:

Notary Public Signature

Seal:

