

PARENTAL CONSENT & LIABILITY RELEASE FORM

Singing Oaks Church of Christ Youth Ministries

1. Student Information Please Print.

STUDENT NAME (Please use a separate form for each student)		BIRTH DATE	
ADDRESS		HOME PHONE	CELL PHONE & Carrier
CITY	STATE	ZIP CODE	CONSENT TO TEXT EMERGENCY <input type="checkbox"/> SOCC ANNOUNCEMENTS <input type="checkbox"/>
MEDICAL OR HEALTH PROBLEMS, CHRONIC OR RECURRING ILLNESS, ALLERGIES AND/OR MEDICATIONS (INCLUDE FREQUENCY AND DOSAGE)			

2. Parent/Guardian Information Please Print.

FATHER/GUARDIAN NAME	CELL PHONE	CONSENT TO TEXT EMERGENCY <input type="checkbox"/> SOCC ANNOUNCEMENTS <input type="checkbox"/>	WORK PHONE	EMAIL ADDRESS
MOTHER/GUARDIAN NAME	CELL PHONE	CONSENT TO TEXT EMERGENCY <input type="checkbox"/> SOCC ANNOUNCEMENTS <input type="checkbox"/>	WORK PHONE	EMAIL ADDRESS
EMERGENCY CONTACT	RELATIONSHIP TO STUDENT	PHONE	ADDITIONAL INFO	

3. Consent, Release, & Assumption of Risk

As the parent(s) or legal guardian(s) of the above named student, we, (I) the undersigned do hereby consent for our (my) child to participate fully in the activities of the Singing Oaks Church of Christ Youth Ministry (hereafter collectively referred to as "SOCC") during the 2011 calendar year.

Furthermore, we (I) the undersigned do hereby release, forever discharge, and agree to hold harmless the Singing Oaks Church of Christ, its staff, volunteers, and agents (hereafter collectively referred to as "SOCC") from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, or any nature whatsoever which may be incurred by the undersigned that occur while above named student is participating in the events and activities of its Youth Ministry. We (I) also hereby agree to hold harmless and indemnify SOCC for any liability sustained by SOCC as the result of negligent, willful, or intentional acts of above named student, including expenses incurred attendant thereto.

Furthermore, we (I) the undersigned do hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in activities involved in the events and activities of SOCC. We (I) authorize SOCC, in whose care the above named student has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the student under the general or specific supervision and on the advice of a licensed physician or dentist. We (I) shall be liable and hereby agree to pay all costs and expenses incurred in connection with such medical or dental services rendered to the student pursuant to this authorization.

4. Insurance & Physician's Information Please Print.

INSURANCE COMPANY	
POLICY NUMBER	
PHYSICIAN'S NAME	PHYSICIAN'S PHONE
MEDICATION CONSENT – SOCC Staff and Volunteers have my permission to dispense Over-the-counter medications on an as-needed basis to my child. Please check all that apply.	
Ibuprofen <input type="checkbox"/> Tylenol /Acetaminophen <input type="checkbox"/> Benadryl <input type="checkbox"/> Pepto Bismol <input type="checkbox"/> Immodium <input type="checkbox"/> Initial here _____	
PHOTOGRAPHY CONSENT /RELEASE We grant SOCC permission to take and use: photographs and/or digital images of our (my) child for use in news releases or church materials. These materials might include printed or electronic publications, web sites, or other electronic communications we further agree that his/her name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to our family. Initial here _____	

Parent/Guardian Signature(s)		Student Signature	
	DATE	I understand that I am responsible to abide by the rules and directions of adult leaders and I agree to do so at all times or I may be sent home at my guardian's expense.	
	DATE		