SOUTH ELKHORN
CHRISTIAN CHURCH

4343 Harrodsburg Rd, Lexington, KY 40513
859-223-1433

Yearly Permission Form

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 CHURCH OF ANY CHANGES THAT NEED TO BE MADE DURING THE PROGRAM YEAR.

PROGRAM YEAR: 2022-2023

Child's Name: _____
Date of Birth: _____ Sex: _____ Grade: _____ Age: _____
Address: _____
Email: _____

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 and children activities at South Elkhorn 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 South Elkhorn Christian Church, its leaders, employees, and volunteer staff liable for dames, 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 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 #: _____