

PARENTAL PERMISSION AND ACKNOWLEDGEMENT OF RISK
FOR FIELD TRIPS, EXCURSIONS
AND CHURCH SPONSORED ACTIVITIES

“We” refers to _____ parents/guardians, individually and jointly, of our child/children: _____

If only one person signs this Parental Permission for, that parent acknowledges that he/she has consulted with the student’s other parent and has obtained the consent of the other parent to sign this form.

“Evangelical Covenant Church of Clay Center” refers to its Board of Council, employees, and chaperones. Evangelical Covenant Church of Clay Center has a legal obligation to its students and their parents to employ ordinary care and to anticipate reasonably foreseeable dangers and will take precautions for protecting students in its custody from such dangers.

We do hereby:

1. CONSENT. Consent to the student participating in field trips, excursions and church sponsored activities and acknowledge and agree that there is some increased risk of danger and injury when students are outside the church premises
2. MEDICAL AUTHORIZATION. Consent to Evangelical Covenant Church of Clay Center authorizing medical treatment, including surgery or hospitalization, for the student for any injury or illness of an emergency nature, including necessary transportation to receive such treatment. A photocopy of this document shall have the same force and effect as the original.
3. PARENTAL RESPONSIBILITY. Assume responsibility for property damage and personal injury caused by the malicious or willful acts of my student, pursuant and subject to the provisions and limitations of Kansas Law. **** (NOTE: Signature is to be made in the presence of the Notary.)**

**Parent/Guardian

Date

**Parent/Guardian

Date

This document is valid from June 20, 2010 to June 20, 2011. Parental Permission form must be signed by both natural parents or legal guardians and acknowledged by a Notary Public.

Clay County, Kansas:

The foregoing Parental Permission and Acknowledgement of Risk Form was acknowledged before me by parent/guardian on the date shown above.

Notary Public

Date

 **Please fill out other side**

Medical Information

I understand that the Evangelical Covenant Church of Clay Center, Kansas, accepts proof of personal insurance. I agree that my insurance company will be used for all necessary medical expenses and am aware that I may be billed by the medical provider for any medical expenses not covered by my personal insurance policy, and will be responsible for payment of those expenses.

Further, should it be necessary for my child to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) hereby agree to assume all costs.

Student Signature(s): _____

Parent(s) Signature(s): _____

or

Legal Guardian Signature: _____

Date: _____

Medical Insurance Company & Policy #: _____

Does the student have any allergies and are they taking any medications that we need to be aware of? If including more than one child per form, please indicate allergies or medications individually for each:

Child #1: _____

Child #2: _____

Child #3: _____

In case of emergency please call:

(Indicate home, work, cell, grandparents, list whatever is necessary to reach you)

- | | |
|----------|----------------------|
| 1. _____ | this # reaches _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

   **Please fill out other side**   