

**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(ren) \_\_\_\_\_.

“Evangelical Covenant Church of Clay Center” refers to its Leadership Team, 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.

**PHOTO RELEASE FORM**

I understand that my child (under 18) might be photographed and/or videotaped during their participation in activities and programs at the Evangelical Covenant Church of Clay Center and authorize such photographs and/or videos to be used by the church for ministry related presentations. I understand that my child’s name will not be used and/or published in any way, and that no compensation will be given for the use of such photographs and/or videos.

\_\_\_\_\_ No, I do not want my child to be photographed or video taped.

\_\_\_\_\_  
\*\*Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*\*Parent/Guardian

\_\_\_\_\_  
Date

This document is valid from 6/1/17 to 6/1/18. Parental Permission form must be signed by at least one natural parent or legal guardian. If only one person signs this Parental Permission form, 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.

   **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 #1 Signature: \_\_\_\_\_

Student #2 Signature: \_\_\_\_\_

Student #3 Signature: \_\_\_\_\_

Student #4 Signature: \_\_\_\_\_

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.

Student #1: \_\_\_\_\_

Student #2: \_\_\_\_\_

Student #3: \_\_\_\_\_

Student #4: \_\_\_\_\_

In case of emergency please call:

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

1. \_(\_\_\_\_\_) \_\_\_\_\_ this # reaches \_\_\_\_\_

2. \_(\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_

3. \_(\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_

 **Please fill out other side** 