

CPC
Permission/Registration Form

Event:

Student's Name _____

Address _____

City _____ Zip _____

Birthday _____ Grade _____

Mother's Name _____ Phone (h) _____ (w) _____

Father's Name _____ Phone (h) _____ (w) _____

Emergency Contact (other than parent) _____ Phone _____

Insurance Co. _____ Policy # _____

Group # _____ Insurance Co. Phone # _____

Physician _____ Office Phone _____

Please list any medication taken on a regular basis and what they're treating

_____ for _____

_____ for _____

_____ for _____

_____ has my permission to attend the following activity
Name of Student

_____ sponsored by CPC on
Name of Activity

Dates of Event

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff (paid and volunteer) of any liability against personal losses of named child.

I/We have legal custody of the student named above, a minor, and have given consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church. I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a student ministries staff member.

Parent/guardian signature: _____ Date _____