

**PARENTAL CONSENT/MEDICAL RELEASE/LIABILITY RELEASE FORM**

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_

Grade in or just completed \_\_\_\_\_

Parent(s) business/cell phone \_\_\_\_\_  
\_\_\_\_\_

In consideration for being accepted by City on the Hill Ministries, and its children's and youth groups, for participation in \_\_\_\_\_ (trip or activity), I do hereby release, forever discharge and agree to hold harmless City on the Hill Ministries, and its children's and youth groups, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify City on the Hill Ministries, and its children's and youth groups, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify City on the Hill Ministries, and its children's and youth groups, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned person pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by City on the Hill Ministries, and its children's and youth groups.

Print Child's Name \_\_\_\_\_

Parent's/Legal Guardian's Signature \_\_\_\_\_

Medical insurance Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_

Emergency Phone Nos. \_\_\_\_\_

Please list below any allergies or special medical problems your child may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_