



STUDENT MINISTRY GENERAL CONSENT FORM 2022-23

PARENT/GUARDIAN NAME(S): _____

PARENT/GUARDIAN EMAIL: _____

PARENT/GUARDIAN PHONE : _____ PHONE: _____

THIS FORM APPLIES TO MY CHILDREN LISTED BELOW:

STUDENT NAME: _____ DATE OF BIRTH: _____ GENDER _____

STUDENT NAME: _____ DATE OF BIRTH: _____ GENDER _____

STUDENT NAME: _____ DATE OF BIRTH: _____ GENDER _____

GENERAL CONSENT RELEASE:

I/we, the undersigned, are the parent(s)/legal guardian(s) and give permission for my child/children to take part in the Student Ministry at Church of the Apostles, Inc and all of its activities. I thereby release Church of the Apostles, Inc and its staff and volunteers from responsibility and liability for any injury or illness that my child may sustain during their participation in these activities. In the event that he/she is injured or in an emergency occurs, I hereby authorize the adult supervisor of this activity as agent for me to consent to any medical, dental, surgical, treatment and care deemed necessary by a licensed medical or dental professional. I consent to any x-ray examination, anesthetic, medial, dental, or surgical diagnosis or treatment and hospital care advised and supervised by a licensed medical professional. I understand that the church will make reasonable efforts to contact me in case of medical emergency as soon as possible. I agree to keep current contact and health insurance information on file. I further agree to pay all charges for the medical, dental, or hospital care or treatment.

I hereby release Church of the Apostles, Inc and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release for the 2022-2023 school year.

PARENT/GUARDIAN SIGNATURE

DATE

ANYTHING WE NEED TO KNOW ABOUT YOUR STUDENT(S)? (ALLERGIES, MEDICAL CONDITIONS, ETC)

EMERGENCY CONTACT (IF YOU CAN'T BE REACHED)

NAME: _____

PHONE: _____

FAMILY PHYSICIAN: _____

PHONE: _____

(PLEASE INCLUDE A COPY OF A CURRENT HEALTH INSURANCE CARD FRONT AND BACK FOR OUR RECORDS)