

Family Missions Trip 2010

I, _____, give my permission for _____

to participate in the aforementioned activity of Catalina Foothills Church. I understand that if my child is in need of medical assistance, the adult sponsors will make every effort to see that my child's needs are attended to. I also understand that every effort will be made to contact me before my child receives any treatment.

I can be reached at home phone _____

work phone _____ cell phone _____

If I cannot be reached, another person to contact in the event of an emergency is _____ and their phone number is _____.

Below is medical information that may be helpful while treating your child.

Insurance Company _____

Group Policy# _____

Name of Primary Card Holder _____

Secondary Insurance Company Policy# _____

Insured's Relationship to child _____

Medical History:

List any medications youth is currently taking. Please include over-the-counter medications. List any known allergies:

Has the youth been seen by a doctor for any reason in the last three months?

Yes ___ No ___

If yes, please explain:

Is the child current on all immunizations and shots? _____

If not, what is not current?

Other pertinent information about your child:

I understand that it is my responsibility to make arrangements for my child if he/she requires greater healthcare than what CFC can provide.

I, the undersigned parent or legal guardian, give permission for the above named child to attend and participate in the above events with Catalina Foothills Church (CFC). I understand that CFC, its pastors, elders, directors, employees, leaders, and volunteer staff will exercise all reasonable safety precautions at all times, but that participation in the activities, and transportation to such activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Therefore, I agree to hold harmless CFC, its pastors, elders, directors, employees, leaders and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, as a result of my child's attendance and involvement in any activities offered by CFC, including any claim asserted by my child after he/she becomes an adult. By signing this form, I give my consent to CFC to provide basic First Aid and comfort measures to my child, if needed, and to make the decision to transport my child to a Hospital or Urgent Care Facility, and for a Licensed Healthcare Professional to administer any emergency care my child may need. I understand that I am responsible for all such medical costs.

I give permission for photographs and/or video to be taken of my child at these events, and for CFC to use them for promotional and/or ministerial purposes. YES _____ NO _____

Parent or Legal Guardian's Signature _____