

# ///visionstudentministries///

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## Parental Consent Form

The undersigned does hereby give permission for my child to attend and participate in activities sponsored by the **First United Pentecostal Church**. We (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant) do hereby release, forever discharge and agree to hold harmless **First United Pentecostal Church** and the directors of **Vision Student Ministries** 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 child-participant that occur while said child is participating in any or all youth activities.

Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and activities involved therein.

Further, authorization and permission is hereby given to **First United Pentecostal Church** to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify **First United Pentecostal Church**, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him or her to participate fully in this youth activity (trip), and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the said participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name of Participant \_\_\_\_\_

Parent(s) or Legal Guardian(s) Signature \_\_\_\_\_

Hospital Insurance **Y**\_\_\_\_ **N**\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_