

PARENT OF MINOR CONSENT FORM

Name of activity: HSM Ultimate Overnighter Activity Date: October 28-29, 2011

Student Name: (First) _____ (Last) _____

Date of birth: _____ Age: _____ M ____ F ____ Grade _____

Street: _____

City and Zipcode: _____ Zipcode: _____

Home Phone: _____ Student Cell: _____

Parent's Email: _____ Student Email: _____

Additional comments regarding medical history, allergies, current medications, or physical limitations: _____

I have been informed of the above activity sponsored by Pacific Coast Church and hereby give my consent for my minor child to participate in this activity. I understand that all reasonable safety precautions will be taken by the leaders of this activity and that the possibility of an unforeseen hazard does exist. In the event I cannot be reached in an emergency during this function's dates noted on this form, I give my permission to the nurse, physician or emergency medical personnel selected by P.C.C. staff to secure proper treatment and/or to order an injection, anesthesia, surgery or hospitalization for my child/ward as deemed necessary. I here-by waive all claims and further agree not to hold Pacific Coast Church, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor on this form.

Parent/Guardian Name: _____ Parent Cell: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Phone # _____ Alt #: _____

Insurance Company: _____ Group # _____

Policy # (if applicable) _____

Student Signature: _____

I acknowledge that my parents may be called, or I may be sent home, at any time during the event for inappropriate/unsafe activities, if deemed necessary by PCC staff.