

Parental/Volunteer Consent & Medical Treatment Form

Jefferson Ave. Church of Christ

Youth Ministry Activities and Retreats

(To be Updated Annually)

OFFICE USE ONLY

LAST NAME

FIRST NAME

Authorization for Medical Treatment

This release and consent gives Jefferson Ave. Church of Christ, herein referred to as JACOC, permission to take my child or me to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me &/or (in the case of an adult volunteer) my emergency contact person. However, in case of an emergency, if I or my emergency contact person cannot be reached, I hereby give JACOC permission to act on my behalf in seeking medical treatment by qualified personnel for my child or me in the event that such treatment is deemed necessary or advisable for my child's or my health, safety and welfare. I release JACOC and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment. I understand that I will be financially responsible for any expenses incurred due to medical care, travel expenses, etc, due to accident or illness.

Release of Liability

I understand that participation in JACOC activities is a privilege. In consideration of that privilege, I am signing this Release of Liability form on behalf of myself and/or my minor child who is participating in JACOC activities.

I understand that by partaking in JACOC activities, my child and/or I may participate in any number of activities, some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks, whether such risks are known or unknown to me at this time. I further release JACOC, including its directors, volunteers, employees and agents, from any claim that I, or my child, may have against them as a result of physical injury or illness incurred during participation in JACOC activities.

In consideration of your accepting me or my child for participation in the above named program, activity or sport, I hereby, for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages that I may have against JACOC and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity or sport sponsored by JACOC.

Image Release

I, the undersigned, hereby give consent for the use of any video, audio or images of myself or my child for use by JACOC. I release JACOC from any liability connected with the use of my or my child's picture or voice recording.

Medical Information

Name of Participant		Insurance Company	
Parent or Guardian		Group	
Address		Policy Number	
City, State, & Zip		Primary Doctor	
Home Phone		Doctor's Phone	
Work Phone		Current Medications	
Mobile Phone			
Allergies			

Signature of Parent or Guardian/Volunteer #1

Date

Signature of Parent or Guardian/Volunteer #2

Date

My signature confirms that I hereby give witness to the proper completion of this form by the minor's parent or guardian.

Signature of Adult Witness

Date

Last Updated: 11/2/2023