



ANNUAL PERMISSION and MEDICAL AUTHORIZATION

September 1, 2018 to August 31, 2019

Complete this form annually at the start of the school year.

Permission for Trips

My son/daughter, _____, has my permission to travel to, attend and participate in Orchard Community Church (Orchard) Youth Group activities that are 1) located within one hour driving time of the church, and 2) not exceeding 12 hours.

Photo Release: By initialing here you give permission for Orchard to freely use photographs of your child in Orchard Publications and to be posted on any or all of Orchard's Social Media sites. _____

Medical Treatment Consent and Liability Release Form For Minors

It is my desire that my child/ward participate in the activities of Orchard, therefore:

- I, the parent/guardian of, _____, do hereby authorize the adult sponsor of Orchard or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed medical doctor or dentist.
- It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.
- It is understood that while participation in activities at Orchard, my child is to follow the guidelines set by the adults in charge. Should my child not cooperate with these guidelines, I agree to pick up him/her from the activity.

Financial Responsibility

In the event of injury to my child/ward I agree that I/we and my health care insurer shall be financially responsible for any medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any church-related activities.

Risk

I am aware that these activities may involve some hazards. I have considered these risks, and I still wish my child/ward to participate. Furthermore, I agree not to bring legal action against Orchard, staff or sponsors as a result of any injuries suffered in the course of his/her

Dispute

In the event a dispute arises between me and Orchard concerning injuries to my child/ward, then I agree that the dispute shall be resolved by an arbitrator acceptable to both sides. The cost of the arbitrator is to be shared equally by the parties. All applicable statutes of limitation shall apply and arbitration must be requested within the appropriate period in order to preserve a right to recovery.

Term of Agreement

This authorization will remain in effect through the period stated above while the minor listed above is involved or participating in any program or activity authorized by Orchard, unless revoked by the undersigned in writing and delivered to the agent of Orchard.

Signature		Relationship to Student			Date	
Parent/Guardian's Name		Student's Name			Student's Date of Birth	
Home Address		School		Grade		Male or Female (circle one)
City	State	Zip	Home Phone		Cell Phone	
Email Address (if checked regularly)			Emergency contact other than parent		Relationship	Home Phone Cell Phone
Doctor's Name			Doctor's Phone			
Medical Insurance Company.		Policy #		Group#		
Please list Medications, Allergies or Other Special Health Instructions (use the back of this sheet for more space)						

Please attach a copy of your medical insurance card(s).