

July 2016 – August 2017 Releases

Participation

I consent to my child's participation in the activities and programs of Olivet Student Ministries from July 2016 to August 2017. I understand the risks involved and release Olivet Evangelical Presbyterian Church, its employees and volunteers harmless from and against any claim, demand, or cause of action which I, my child, or other related person may have by reason of any loss, injury, or damage to their person or property while participating in, observing, or traveling to such activities and programs, and regardless of whether on or off the Olivet EPC premises.

Parent/Guardian Name _____ Emergency Phone _____
Parent/Guardian Signature _____ Date _____

Medical Release Form and Consent to Treatment

Child's name and age _____
Address _____
DOB _____ SS# _____ Medication _____
Allergies _____
Family Insurance Company _____
Name Insurance is under _____ Policy _____
Family Physician _____ Phone _____

I, as the parent/legal guardian do hereby authorize the staff member acting as the participant's agent, to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician/surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the site of an accident, at the office of the physician, or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of the staff member to give specific consent to any such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable.

I hereby authorize any hospital, which has provided treatment to the participant, to surrender physical custody of the participant to the staff member upon completion of the treatment.

These authorizations shall remain effective through the period indicated above unless sooner revoked in writing and delivered to the staff.

Parent Guardian Name _____
Parent/Guardian Signature _____ Date _____

Media Release

I do hereby consent and agree that Olivet EPC and its agents and employees have the right use my child's photograph and artwork in any and all media.

Parent/guardian
Name _____

Signature _____

Info for Kristen's Records

Parent/Guardian Names _____

Parents' Cell Phones _____

Parents' Email Addresses _____

Young Volunteer Transportation Release

By signing the previous Participation section, you agree to allow Olivet staff and volunteers age 21 and older to transport your child to off-campus activities.

If you allow Olivet volunteers ages 17-21, such as summer interns, to give your child a ride locally, please initial on the line below.

Parent Initials _____