

## 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 \_\_\_\_\_