

APPENDIX VI
(Church Name & Address)

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of child/youth: _____ Grade: _____ Age: _____

Address: _____
Street/Apt Number City Zip code

Daytime Phone Number: _____ Evening Phone Number: _____

As the parent (or legal guardian) of: _____
Child/Youth's Name

I understand that my child/youth will be participating in a number of activities for the calendar year _____, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth/s activities:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child/youth has restrictions on the following particular activities:

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Allergies or other health considerations: _____

Insurance Company: _____ Policy/Group # _____

Signature of Parent or Guardian _____
Notary Stamp/Seal, Date and Signature _____



Camp Location: _____ Camp Date: _____

Permission Slip & Release of Liability

Church Name: _____ Church Address: _____

City: _____ State: _____ Zip: _____

I, (please print) _____ acknowledge that I have volunteered to participate in construction and other activities at TEAMeffort, Inc. I understand that these activities are not conducted in the course of trade or commerce, and do not involve the lease or sale of goods or services.

I am aware that I am voluntarily participating in these activities of construction, which include, but are not limited to, the construction of homes, loading and unloading materials, painting, framing, finishing, transporting to and from building sites, and other related activities, with the knowledge of the danger involved. I hereby agree to accept any and all risk of injury and verify this statement by placing my signature below.

I hereby agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make a claim against, sue, or attach the property of TEAMeffort, Inc., its directors, officers, agents, employees, volunteers, suppliers, or contractors. This release is intended to be broad in its effect.

I authorize a church representative and/or TEAMeffort staff member to obtain medical treatment for my child in the event of injury or illness and agree to pay any expenses incurred for treatment.

Participant Name: _____ D.O.B: _____

Address: _____

Contact Phone: _____

Insurance Carrier: _____ Policy #: _____

Allergies: _____

Date of last tetanus shot: _____

Medical information: _____

Signature of participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

NOTARY SECTION:

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of 20____, by _____

Notary Public's Signature

Notary Name

My Commission Expires on _____

(Notary stamp here)