

**Northside Church of Christ**

2020 N. Center St.  
Bonham, TX 75418  
903-583-3484

**2016 Parent Permission for Church Sponsored Activity/ Release  
And Consent to Medical Treatment**

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(Name of Student) \_\_\_\_\_ has the opportunity to participate in all church activities away from church premises. If you approve the following arrangement, please sign at the bottom of this section and return to the sponsor.

**NATURE OF ACTIVITIES:** The activities will include, but not be limited to, retreats, camps, service projects, mission trips, camping trips, youth rallies, lock-ins, etc. The destinations and times will vary as this document encompasses all events from the date of your approval to and until December 31, 2016. The means of transportation will also vary since not every student is always able to comfortably fit on church vehicles. Therefore, there will be times your child may travel in a commercial vehicle or in the personal vehicle of a sponsor/volunteer which will be driven by said sponsor/volunteer.

**TRIP SUPERVISOR(S)** - All ministers and volunteers from the Northside Church of Christ.

I understand the nature of the church activities in which my son/daughter will be participating and that he/she is expected to abide by all church regulations during the course of any and all activities. I am in accord with the purposes of and procedures governing these trips. I hereby grant permission for my son/daughter to participate. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, church-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervisors or staff (including volunteers). I further agree to release and hold harmless the Northside Church of Christ, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fee and costs) arising from such activities, including any accident, injury, or death to the student and the costs of medical services.

In the event of an injury or condition requiring medical attention, I hereby grant permission to the supervisors or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervisor(s) or staff (including volunteers) to take my child to the physician, dentist or to the hospital if an accident or serious illness occurs during any activity and I cannot be located.

In the event that a student must return home independently for reason of health, accident, failure to conform to rules established by the supervisor in charge, etc., I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

I also hereby give permission to any and all health care providers of my child to provide all privileged medical information to the supervisor(s) necessary to properly inform said supervisor(s) in the event I cannot be located so that proper treatment and care might be afforded my child.

I also give permission to Northside Church of Christ and its staff, volunteers and agents to photograph and video my child while at any activity. I also give permission to Northside Church of Christ and its staff, volunteers and agents to use said photographs or videos in church publications including, but not limited, advertising, internet publications, brochures, pamphlets, news paper/magazine publications and television. I, therefore, waive any claim against Northside Church of Christ and its staff, volunteers and agents arising from the use, or republication of photographs and videos of my child.

**The Parent Permissions for church sponsored activities and consent for medical treatment are effective from the date of my signature below to and until December 31, 2016.**

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Parent Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

\_\_\_\_\_

Please Check below IF your child has sensitivity to:

Bee Sting  Nuts  Dairy  Latex  Other \_\_\_\_\_

Allergies: \_\_\_\_\_

Required Medications: \_\_\_\_\_

Please Check Below IF your child has:

Asthma  Diabetes  Kidney Injuries  Seizure Disorder  Heart Condition

Other \_\_\_\_\_

Required Medications: \_\_\_\_\_

Other Medications: \_\_\_\_\_

Student's Birthday: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

If the parent of son/daughter is unavailable, please list another emergency contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Parent or Guardian (signed)

\_\_\_\_\_  
Date