

Castle Retreat Permission Form

student's name

(last)

(first)

address

birthdate

city

state

zip

mother's name

phone (h)

(c)

father's name

phone (h)

(c)

emergency contact (other than parent)

phone

insurance co.

policy #

group #

insurance co. phone #

physician

office phone #

please list any known allergies

please list any medications taken on a regular basis and what they're treating (must complete separate form to receive any meds)

for

for

_____ has my permission to attend the winter retreat at the castle activity sponsored by Portersville Bible Church from 12/30/2022 through 1/1/2023.

I am the parent or legal guardian of the student named above, a minor, and have given my consent for him/her to attend events being organized by the Church, including the event specified above. I understand that there are inherent risks involved in any ministry or athletic event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the student named above while attending events organized by the Church, including the event specified above. I hereby agree not to sue and release the Church, its pastors, employees, volunteer workers, and representatives from any and all liability, claims, damages, and costs for any injury, loss, or damage to person or property that may occur during the course of my child's involvement in events organized by the Church, including the event specified above. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, and costs including attorney fees which may arise from any claim or cause of action made by me, through me or on my behalf even if caused in whole or in part by any parties or entities hereby released.

In the event that he/she is injured and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed health professional. In the event treatment is required from a licensed health professional and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such medical care. I also agree to hold harmless and release the Church, its pastors, employees, volunteer workers, and representatives from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my or the student's health insurances. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above at the time of the event specified above. I also agree to bring my child home at my expense should he/she become ill or if a student ministries staff member deems it necessary. In case of medical emergency, I give my permission to have my child transported by ambulance to the nearest hospital and/or treated as necessary. I assume responsibility for payment if there is a charge.

authorization for over the counter medication

all over the counter medications available are listed below. please check (x) yes or no to indicate whether or not you permit the nurse on duty to dispense these medications to you child as needed:

	YES	NO
Ibuprofen	___	___
Tylenol	___	___
Tums	___	___
Benadryl (for allergies)	___	___

NOTE: if the student is on prescription meds, a Prescription Med Form must be completed for each medication.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, AND RELEASE OF LIABILITY AGREEMENT AND AGREE TO ABIDE BY THEM.

parent/guardian signature

date