

2011 Student Ministries Permission and Release Form
Southminster Presbyterian Church
12250 SW Denney Rd., Beaverton, OR 97008

NAME: _____ Birth Date: _____

Age: _____ Male/Female (Circle One) Home Phone: _____

Address: _____

Name of Parent(s): _____

Parent Cell Phone(s): _____ , _____

Emergency Contact: _____ Phone: _____

MEDICAL HISTORY

Recent/Ongoing Illness: _____

Current Medications: _____

Allergies: _____

Date of last Tetanus Immunization: _____

Personal Physician: _____ Phone: _____

Health Insurance Co.: _____ Group No. _____

PLEASE READ AND SIGN

The undersigned or legal guardians of the above named child give permission for him/her to attend and participate in Southminster Ministry events, mission opportunities, service projects, and retreats. I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of youth activity. We release Southminster Presbyterian Church (SPC), and its agents, employees, officers, directors, and adult leaders of any liability for any accident, injury, damage, or loss to said child or to property of said child.

Pursuant to ORS 126.030, we also hereby give our permission for, and provide this special power of attorney to any leaders who are 18 years of age or older, to consent to any medical or surgical emergency treatment of the child which such person deem advisable if a parent or legal guardian cannot reasonably be contacted when the child is present for treatment. I hereby give permission to the physician selected by the youth activities supervisory personnel then present, to render medical treatment deemed necessary and appropriate by the physician. This authorization will expire December 31, 2011.

I agree that in the event my child is injured as a result of his/her participating in this youth activity, including transportation to and from such activity, through the negligence (active or passive) of the church or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

Signed: _____ Date: _____
[Signature of Parent(s) or Guardian(s)]

Check here if you give permission to SPC to use pictures of said child (taken during their participation in ministry events) in church publications, including newsletters.