

Permission, Medical Consent & Acknowledgment of Risk

FAMILY FORM

Use one form per family. Complete every section for each child attending, plus the shared parent, insurance, and physician details. Return the completed form to the ministry leader before participation, and let us know right away if anything changes after you sign.

EVENT INFORMATION to be completed by ministry staff before distribution

EVENT NAME

DATE(S)

LOCATION

DEPARTURE date & time

RETURN date & time

COST

ACTIVITIES

LEAD STAFF

PARENT / GUARDIAN shared across all children listed below

PARENT / GUARDIAN

ADDRESS

PRIMARY PHONE

ALT. PHONE

SHARED INSURANCE & PHYSICIAN applies to all children listed below

INSURANCE PROVIDER

POLICY #

PRIMARY PHYSICIAN

OFFICE PHONE

EMERGENCY CONTACTS other than parent / guardian above

NAME

RELATIONSHIP

PHONE

CHILDREN ATTENDING *complete one block per child; leave unused blocks blank*

CHILD 01 *leave blank if you have fewer than 1 children attending*

FULL NAME	DATE OF BIRTH	GRADE / AGE
<hr/>		
ALLERGIES <i>food, medication, environmental</i>		
<hr/>		
CURRENT MEDICATIONS <i>dosage & schedule</i>	MEDICAL CONDITIONS <i>asthma, diabetes, seizures, etc.</i>	
<hr/>		
SWIMMING ABILITY <i>if water activities</i> <input type="checkbox"/> Strong <input type="checkbox"/> Limited <input type="checkbox"/> Non-swimmer	ACTIVITIES TO AVOID <i>if any, list</i>	
<hr/>		

CHILD 02 *leave blank if you have fewer than 2 children attending*

FULL NAME	DATE OF BIRTH	GRADE / AGE
<hr/>		
ALLERGIES <i>food, medication, environmental</i>		
<hr/>		
CURRENT MEDICATIONS <i>dosage & schedule</i>	MEDICAL CONDITIONS <i>asthma, diabetes, seizures, etc.</i>	
<hr/>		
SWIMMING ABILITY <i>if water activities</i> <input type="checkbox"/> Strong <input type="checkbox"/> Limited <input type="checkbox"/> Non-swimmer	ACTIVITIES TO AVOID <i>if any, list</i>	
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CHILD 03 *leave blank if you have fewer than 3 children attending*

FULL NAME	DATE OF BIRTH	GRADE / AGE
<hr/>		
ALLERGIES <i>food, medication, environmental</i>		
<hr/>		
CURRENT MEDICATIONS <i>dosage & schedule</i>	MEDICAL CONDITIONS <i>asthma, diabetes, seizures, etc.</i>	
<hr/>		
SWIMMING ABILITY <i>if water activities</i> <input type="checkbox"/> Strong <input type="checkbox"/> Limited <input type="checkbox"/> Non-swimmer	ACTIVITIES TO AVOID <i>if any, list</i>	
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PERMISSION, CONSENT & ACKNOWLEDGMENT

By signing this form, I — the parent or legal guardian of each child named on page one — affirm the following:

- 01 Permission to Participate.** I give permission for each child named above to participate in the event described, including the planned activities, travel to and from the event, and reasonable variations as conditions require.
- 02 Acknowledgment of Risk.** I understand that ministry events may involve activities such as travel, recreation, sports, games, water activities, hiking, and similar pursuits, and that these activities carry inherent risks of injury, illness, or property loss that no amount of supervision can fully eliminate. I accept those risks on behalf of myself and each of my children listed above as a condition of their participation.
- 03 Emergency Medical Authorization.** If I cannot be reached in an emergency, I authorize Peavine Baptist Church staff and accompanying adult volunteers to seek emergency medical care for any of my children listed above and to authorize a licensed medical professional to provide any treatment they deem necessary. I will be financially responsible for the cost of that care, including charges not covered by insurance.
- 04 Accuracy & Duration.** The information I have provided for each child is accurate and complete to the best of my knowledge. I will notify Peavine immediately of any change. This authorization remains in effect for the event identified on page one and may be revoked by me in writing.
- 05 Release of My Own Claims.** To the fullest extent permitted by law, I release and hold harmless Peavine Baptist Church, its staff, and its volunteers from any claims I may bring against them arising from any of my children's participation in this event, except for claims arising from gross negligence or intentional misconduct. This release applies to my own personal claims and does not waive any independent claim my children may have.
- 06 Conduct.** I have discussed expected behavior with each of my children attending. I understand that serious or repeated misconduct may result in any child being sent home at my expense.
- 07 Authority.** I sign below in my own personal capacity and as the parent or legal guardian of each minor child listed on this form, with legal authority to do so.

PHOTO & MEDIA

During church events, staff and volunteers may take photos or video for ministry use (church website, social media, newsletters, recap videos). Please check one — applies to all children listed on this form:

- I grant permission for photos/video of my children to be used in Peavine's ministry communications.
- I do not grant permission for photos/video of my children to be used in Peavine's ministry communications.

SIGNATURES both parents/guardians should sign when available; a witness is encouraged when only one parent signs

PARENT / GUARDIAN #1 — PRINTED NAME & SIGNATURE _____ DATE _____

PARENT / GUARDIAN #2 — PRINTED NAME & SIGNATURE (IF AVAILABLE) _____ DATE _____

WITNESS — PRINTED NAME & SIGNATURE (IF ONLY ONE PARENT SIGNS) _____ DATE _____

STAFF USE ONLY <small>Recorded by ministry leader on receipt.</small>	RECEIVED BY _____	# CHILDREN ATTENDING _____
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