

# 1 purpose 3 **II Corinthians 3:1-3** **Student Ministries**

I give permission for my child (named below) to participate in the Peace Reformed Church events checked below. I understand that the group when going off campus, will (or may) travel by motor vehicle and I give my consent for my child to participate in this event and travel with adult chaperones.

I hereby release Peace Reformed Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as a agent for me, to consent to any X-Ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctors office or in any hospital. I expect to be contacted as soon as possible.

I, on behalf of myself and youth, my personal representatives, heirs, assigns, and/or designees hereby agree to release, hold harmless, and indemnify Peace Reformed Church, and/or its agents, officers, and employees from any and all claims or suits for bodily injury, medical expenses, property damage, wrongful participation in this Church event or project, whether or not such claims or suits arise from the negligent acts by the organizers of this activity, their employees, volunteers, other participants, or any other person. I authorize the Church to release any medical information on my youth's behalf.

## One Purpose Student Ministries Permission Form (2009)

**All One Purpose Student Ministry Events (2009)**

**Or**

**(Write in name of event, if only one)**

Students Name (First) (Middle Initial) (Last) (Date of Birth)

(Students Address) (City) (State) (Zip Code)

( ) ( ) (cell)  
(Students Phone Number) (Parent/guardians phone number)

(Print Parent or Guardian Name) (Parent or Guardian Signature) / / Date

Parent E-mail Students Grade Student e-mail

**Medical Information**

Allergies (if none, write none) \_\_\_\_\_  
 Medications \_\_\_\_\_  
 Physical handicaps or other limitations \_\_\_\_\_  
Medical insurance company \_\_\_\_\_