Parental permission form

When a Generations Ministries event involves one or more overnight stays, all staff members and participants who are under age 18 must submit a signed and dated copy of the following parental permission form prior to or at the start of the event. It is recommended that the wording of this form with the signature box included be incorporated into the event application.

As parent/guardian, I hereby give my permission for _____,
(full name of child)

who will be age ____ on the day the event begins, to participate in the _____,
(name of event)

which is to be held on __/__/__ to __/__/__. With my dated signature in the box below, I grant this permission and certify the statements and information provided in items 1 through 7 that appear below above my signature.

1. **GENERAL PERMISSION**: I understand and agree that this event is sponsored by Generations Ministries of the Worldwide Church of God, and depending upon circumstances, and without limitation, may involve both:
   (a) physical/athletic activities such as sports, hiking, camping, arts & crafts and,
   (b) spiritual or religious activities, such as Christian living or education classes, religious worship services, and the like.
I give my permission for my child to engage in all such activities.

2. **ACCEPTANCE OF EVENT CONDITIONS**: I understand and agree to the condition of the event venue as described in the information provided. I give permission for my child to participate under these conditions.

3. **DISCLOSURE OF SPECIAL HEALTH CONDITIONS**: The following is a list of my child's special health conditions and needs of which event staff need to be aware (list here such things as medications, history of seizures, motion sickness, allergies, etc.—use back side of this sheet if needed):_____
_____
_____ _____.

4. **RELEASE OF LIABILITY REGARDING SPECIAL HEALTH CONDITIONS**: I submit that the above mentioned special health conditions and instructions are needed for my child while at the event. I understand that, although event personnel will seek to help accommodate these special conditions, such as by giving medications and/or by seeking to take appropriate precautions, etc., nonetheless, by sending my child to the event with these special health conditions:

- I acknowledge that I understand the event is not equipped to monitor or supervise such special conditions or needs as would the parent if he/she were present.
- I certify it is safe for my child to participate in all event activities notwithstanding the special conditions, and notwithstanding any possible lapse in medication, or possible interaction with other people or circumstances that may affect the special conditions.
- I release and indemnify the event from all claims and liability stemming from the special conditions, including, without limitation, any claim, illness, or injury, resulting from the event's failure to properly administer medicines for the special conditions, failure to recognize a situation which might be potentially harmful to a person with the special conditions, or failure to recognize the onset of an episode of the special conditions.

5. **PERMISSION TO SECURE EMERGENCY SERVICES:** I give permission to event staff to secure usual and customary medical and/or legal services for my child if needed in an emergency circumstance at the event. I as parent/guardian will be responsible for the costs of such services if not covered by my insurance.

6**. INSURANCE COVERAGE**: My child is covered by medical insurance: ____YES_____NO
If yes, list the name of the insurance company:_____and the policy number:_____.

I understand that if my child has no health/accident/medical insurance coverage, I will be responsible for the payment of all expenses which may be incurred due to treatment at the event of an illness or injury.

7. **EMERGENCY CONTACTS**: During the event, I may be contacted day or night, as follows:

_____	(____)_____	(_____) _____
(name)	(night phone number)	(day phone number)

If I can not be reached in an emergency, the following two individuals will know of my whereabouts and/or have my permission to represent my wishes regarding medical or other emergency care for my child:

_____	(____)_____	(____)_____
(name)	(night phone number)	(day phone number)
_____	(____)_____	(____)_____
(name)	(night phone number)	(day phone number)

Signed_____ **Date** _____
(signature of parent or legal guardian)