

**Chinese Christian Church of Columbia (C4)  
Permit for Activity Participation and Medical Treatment**

**Parental/Guardian Permission, Wavier of Liability, and Consent for Emergency Medical Treatment and Giving of Non-Prescription Medicine**

We/I, \_\_\_\_\_, give (Child's name) \_\_\_\_\_ permission to participate in \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_.

We/I, or our/my respective heirs, and legal representatives hereby release C4, event directors, and staff from any and all liability concerning any form of injuries, sickness, accident, or death that may occur at this event.

We/I agree that in case of injury to our/my Child, we will apply our/my hospitalization and/or accident insurance toward the payment of the expenses incurred and assume responsibility for all expenses incurred in seeking treatment. In case of medical emergency, we/I hereby grant permission to the activity director and staff to act as our/my agent to hospitalize and/or secure proper medical treatment for my Child as named above.

We/I hereby grant permission for non-prescription medication (cough drops, cough syrup, Tums, Imodium, Tylenol, Motrin) to be given to my Child during the activity, if necessary, unless contraindicated by allergy.

**Signature of Parent/Guardian** \_\_\_\_\_ Date \_\_\_\_\_

Contact phone number during activity. Day \_\_\_\_\_ Night \_\_\_\_\_

Person to contact in case of EMERGENCY if Parent/Guardian cannot be reached.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Participant's Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Participant Agreement**

I, \_\_\_\_\_, agree not to bring fireworks, firearms, matches/lighters, knives, non-prescription drugs, alcohol, tobacco products, or any personal electronic devices deemed unnecessary by the Staff to this Children/Youth Ministry sponsored event. I understand that possession of any of these items is sufficient grounds for dismissal from this Children/Youth Ministry sponsored event. I will make sure that my clothing is modest and appropriate at all times. My signature below demonstrates my willingness to abide by these and other Children/Youth Ministry rules, and to consent to necessary disciplinary action as determined by the Pastor and the Event Director or Staff.

**Signature of Participant** \_\_\_\_\_ Date \_\_\_\_\_

**Health Information**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergy (Food or Drug) \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

List (name of medicine, dosage, frequency, storage requirements) any prescription medication your child will be taking during the trip. All medicine must be in original prescription bottle.

Is your child currently under a physician's care for any chronic illness?  Yes,  No

If yes, it is the sole responsibility of the Parent/Guardian to seek adequate information to determine their Child's/Youth's ability to experience the physical and emotional requirements of this activity. A physician's release statement is recommended to help the Parent/Guardian determine the suitability of this activity for their Child/Youth.

Please list any other information that might assist the Ministry staff or hospital in providing better care.

**Permit**