

Orchard Christian Fellowship

PO Box 1163, Londonderry, NH 03053

PARENTAL CONSENT / MEDICAL AUTHORIZATION 2015 - 2016

*Parents and legal guardians of minor children are asked to complete this form and return it to the church.
The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.*

General Information *(please print clearly)*

Student's Name _____ Date of birth _____ Grade (Fall 2015) _____

Student's Address _____

Student's Cell # _____ Student's Twitter _____

Student's Email _____

Parent/Guardian Name _____ Mother's Cell # _____

Email _____

Parent/Guardian Name _____ Father's Cell # _____

Email _____

Family Doctor _____ Phone Number _____

Emergency Contact:

Name _____ Relationship _____ Phone _____

Home Church (if any) _____

Consent and Certification:

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of this child in all of the regularly scheduled activities of the youth group at Orchard Christian Fellowship during 2014-2015, including field trips, campouts, retreats, swimming, boating, hiking, sporting events, and any other activities customarily associated with a church youth group. Further, I certify that this child is physically fit and adequately trained to participate in such events (except as noted below).

Signature of Parent/Legal Guardian

Date

Medical Questionnaire

1. Is this child presently being treated for an injury or sickness or taking any form of medication for reason? Yes ___ No ___ *(If yes, please explain)*
2. Is this child allergic to any type of medication? Yes ___ No ___ *(If yes, please explain)*
3. Does the child have food allergies and/or require a special diet? Yes ___ No ___ *(if yes, please explain)*
4. Does this child have (or has ever had) any of the following: (circle and explain below)
Seizure disorders Asthma Heart murmur
Diabetes Hay Fever Kidney disease
5. Does this child have any allergies other than medical? Yes ___ No ___ *(if yes, please explain)*
6. Does this child ever sleep walk? Yes ___ No ___
7. Does this child have any physical handicap, limitations, or illness which would prevent him/her from participating in normal rigorous activity? Yes ___ No ___ *(if yes, please explain)*

Medical Treatment Authorization:

I understand that I will be notified in the case of a medical emergency involving this child. However, in the event that I cannot be reached, I authorize the calling of a doctor and/or ambulance and the providing of necessary medical services in the event this child is injured or becomes ill. I understand that the Orchard Christian Fellowship will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the Orchard Christian Fellowship in the event of any health changes that would restrict this child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of this child.

Signature of Parent/Legal Guardian

Date

Orchard Christian Fellowship

PO Box 1163, Londonderry, NH 03053

PERMISSION FOR YOUTH ACTIVITIES AND PHOTO RELEASE 2015 - 2016

_____ has my permission as her/his parent or legal guardian to participate in any and all events and activities sponsored or endorsed by the Orchard Christian Fellowship during the next twelve (12) months.

I acknowledge that by participating in church-sponsored events, my child may be involved in activities occurring both on and off church property, taking place during both day and evening hours, occasionally involving overnight stays, requiring transportation by motorized vehicle, involving the preparation and consumption of food, and involving the use of tools, chemicals, fire, or other materials and objects. I further acknowledge that by participating in church-sponsored events my child may become involved in recreational and sporting activities including, but not limited to hiking, climbing, swimming, skiing, basketball, volleyball, baseball, and Frisbee. Accordingly, I acknowledge that participation in church-sponsored events involves certain dangers and risks, may expose my child to hazards of bodily injury or property damage, and may result in my child being unable to contact me or unable to receive immediate medical care and assistance if injury occurs.

In recognition of these risks and realities, and in consideration of my child being offered the opportunity to participate in and benefit from these church-sponsored events, I agree on behalf of myself and my child to release, waive, and disclaim any and all liabilities of, or claims against, the Orchard Christian Fellowship, its officers, board members, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge to transport, supervise, or chaperone my child while participating in such church-sponsored activities including, but not limited to, any or all liabilities or claims for personal injury, property damage, court costs, attorneys' fees and interests, however caused or accrued, as a result of my child participating in the church-sponsored events.

I agree that the Orchard Christian Fellowship, its officers, board members, supervisors, agents, servants, and/or employees have the right to terminate the participation of my child in any or all church-sponsored activities for failure to behave and act in accordance with the church's regulations on conduct, for failure to follow the instructions and directions of the activity supervisor(s) and/or chaperone(s), or for any conduct of my child deemed by the church, its officers, board members, supervisors, agents, servants and/or employees, in their sole discretion, to be detrimental to or incompatible with the interest, harmony, comfort or welfare of others or the activity as a whole church. I further agree to indemnify the Orchard Christian Fellowship, its officers, board members, supervisors, agents, servants, and/or employees for any and all damage or injury my child may cause to others as a result of his/her participation in the church-sponsored events.

I hereby give Orchard Christian Fellowship, and anyone acting on its behalf, the unqualified right to take pictures/video of me or my minor child(ren) during church sponsored events, and give permission for such photographs, video footage, and likenesses to be posted on the Orchard Christian Fellowship website <http://www.orchardnh.org> or used in its publications. I understand that these images will be visible to anyone with Internet access. I release Orchard Christian Fellowship, its Session, staff, volunteers and agents and their successors from any expectation of confidentiality for myself and for the minor child(ren) with regards to these pictures/videos. I agree to indemnify and hold them harmless from any claims arising from the use of these photos/videos. I understand that any request to remove an image from the website must be made in writing to the office manager, and that it may take up to two business days to remove the images after the request is received.

By signing below, I am giving Orchard Christian Fellowship permission to take photos and/or video of me and/or my children for the purposes stated above. In addition, my signature indicates that I waive any right to financial reimbursement for the reproduction of such photos or video, now or in the future.

Signature of Parent / Legal Guardian

Date

