

**Parental Consent, Medical Authorization and Release  
Rancho Bernardo Community Presbyterian Church – Student Ministries/Choirs**

_____	M/F	_____	_____	_____
<b>Name of minor child</b>	<b>Gender</b>	<b>Age</b>	<b>Grade</b>	<b>Birthdate</b>
_____			_____	
<b>Street address</b>			<b>Phone/Cell</b>	
_____	_____	_____	_____	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>E-mail</b>	

The undersigned hereby consent to and authorize minor child named above to participate in **all events (including overnight trips)** conducted by the Rancho Bernardo Community Presbyterian Church (the "Church"). We further authorize minor child to travel with representatives of the Church in private or other vehicles to any such events so conducted. If a parent, family physician, or dentist cannot be contacted promptly, and a medical or dental emergency has been determined to exist, the undersigned parent or guardian of the minor child named above hereby authorizes any representatives of the Church for and on behalf of the undersigned, to consent to any X-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and any hospital care deemed advisable and rendered by any licensed physician, surgeon, or dentist, whether in his office or in any licensed hospital. This authorization is given in advance of any such required care for purposes of empowering any such representative or official of the Church to give the above described medical or dental treatment as he/she may deem advisable. We hereby agree to pay any and all reasonable charges incurred as a result of any medical or dental treatment and to hold the Church and its representatives and officials harmless therefrom.

The undersigned acknowledges, consents and will comply with the following policies regarding minor child named above:

- Minors will not leave a church program early without parent permission. Parents accept responsibility if they do.
- Parents are to pick up minor child no later than 20 minutes after a church event or meeting concludes. It is the parent's responsibility to transport their minor child to and from church sponsored events and recognize church responsibility ends with the conclusion of the event.
- Parents are to approve and monitor all "informal contact" between their minor child and church youth workers including, but not limited to: phone calls, text messages, e-mails, chat sessions, social media or face to face contact that is not connected to an official church event or program.
- The undersigned grants permission to have contact information printed in a student directory and for photographs/video images of my son/daughter to be used in student ministries, choir and/or RBCPC publications and website.
- Prayer, direction and encouragement may be given to the child named above for spiritual and emotional support provided by church staff or lay volunteers under the supervision of an ordained pastor or ministry director.

**RELEASE OF LIABILITY:** The undersigned hereby releases the Church and its authorized agents, representatives and officials of and from any and all liability to the undersigned and to our minor child, arising out of or in connection with events and activities related to the Church, or any travel connected therewith, except for such liability as may arise from the gross negligence or willful misconduct on the part of the Church or its representatives or officials.

To the extent that any applicable Law prevents or prohibits the undersigned's release of the Church from any liability to our minor child as set forth herein, we hereby agree to indemnify and hold harmless the Church and its agents, representatives and officials of and from any such liability as may be imposed upon any of them.

The undersigned represent and warrant that he/she/they are the parents or legal guardians of the minor child named above and have the authority to sign this document. **NOTE: This consent must be signed by both parents unless one parent has sole legal custody of the minor child pursuant to a valid Court Order. In the event, please insert the phrase "legal custody" beneath your signature.**

_____	_____	_____
Parent or Guardian	Signature	Date
_____	_____	_____
Parent or Guardian	Signature	Date
_____	_____	_____
Cell phone	Home phone	Date last Tetanus
_____	_____	_____
Physician	Phone	Insurance Company
_____	_____	_____
Insurance phone	Policy number	Group number

Please list any medications, medical conditions, allergies, etc...pertinent to your child's health: