

Informed Consent Form

Rockford Reformed Church Children's and Youth Ministries

Parent / Legal Guardian 1: _____

Phone: _____ Email: _____

Parent / Legal Guardian 2: _____

Phone: _____ Email: _____

Home Address: _____ City/State/Zip: _____

Emergency contact other than parent / guardian: _____

Phone Number: _____

Person(s) authorized to pick up child(ren) other than parent / guardian / emergency contact: _____

Medical Insurance Provider: _____

Policy Number: _____

Doctor's Name & Phone: _____

Dental Insurance Provider: _____

Policy Number: _____

Dentist's Name & Phone: _____

Child 1

Name: _____ M / F

Birthdate: _____ Grade: _____ School: _____

List any allergies (if none, please say so): _____

List all medications: _____

Child 2

Name: _____ M / F

Birthdate: _____ Grade: _____ School: _____

List any allergies (if none, please say so): _____

List all medications: _____

CONTINUED ON BACK 

Child 3

Name: _____ M / F

Birthdate: _____ Grade: _____ School: _____

List any allergies (if none, please say so): _____

List all medications: _____

Child 4

Name: _____ M / F

Birthdate: _____ Grade: _____ School: _____

List any allergies (if none, please say so): _____

List all medications: _____

Things we should be aware of, including any medical, physical, emotional, mental, intellectual, or sensory issues:

IMAGE RELEASE: I give Rockford Reformed Church (RRC) permission to use my child's photo or likeness for purposes including, but not limited to, the church website, facebook page, or other church publications. I also release RRC, its employees, and/or volunteers from any liability in relation to the taking and/or displaying of any photographs/videos. The child's name will not be used with any photos.

Please choose one: yes no

6-12 GRADES & WED NIGHT VAN: TRANSPORTATION CONSENT: I give permission for my child to be transported by a driver approved by RRC to off-campus activities that are a part of our children's and youth ministry programs. I also release RRC, its employees, and/or volunteers from any liability due to accidental injury suffered in a motor vehicle accident while a passenger in the vehicle.

Please choose one: yes no

6-12 GRADES ONLY: ELECTRONIC COMMUNICATIONS WITH A MINOR: If your child has his/her own phone, email address, or facebook account, may they be contacted by their leader(s) on these accounts? Leaders are bound by the communications guidelines found in our Care & Safety Policy. If your child does not have any of these accounts, please circle "No Accounts" below.

- My child has no accounts
 My child may be contacted on these accounts (circle):
phone text email Facebook

CONSENT TO TREAT A MINOR: By signing this form, I agree to the following: In the event that my said child requires the care of a doctor, and I cannot be reached, I consent to any medical treatment deemed necessary by a licensed physician or dentist. In the event treatment is called for which a physician and/or hospital refuses to administer without consent, I authorize any RRC adult leader in whose care my child has been entrusted, to give such consent for us if I cannot be reached by telephone.

In the event it becomes necessary for that person to give such consent for us, I agree to hold such person free and harmless of any claims, demands or suits of any kind as long as the treatment is administered by or under the supervision of a licensed physician or dentist. I also agree to pay all costs and expenses incurred with such medical and dental services rendered to the child.

In the event that my child would need to return home from an off-campus activity due to medical reasons or otherwise, the undersigned shall assume all transportation costs, if applicable.

MEDICATIONS: RRC staff and volunteers will not distribute medications to minors, including pain relievers for headaches, etc., without the written consent of a parent or guardian. Please send a signed note with specific instructions if the need arises.

The undersigned does hereby give permission for the child listed above to attend and participate in the activities sponsored by Rockford Reformed Church.

By signing, I acknowledge that this form will be copied and distributed to the appropriate leaders in Rockford Reformed Church.

This consent form is applicable to all Youth Ministry Activities, Children's Ministry Activities, KidLife Club, and Vacation Bible School at Rockford Reformed Church.

Signed: _____ Date: _____