## RESURGENT CHURCH STUDENT MINISTRY MEDICAL/PARENTAL CONSENT FORM



Effective Dates: January 1, 2024 to December 31, 2024

Name:					Age	Birthday		
	Last		Middle	First				
Grade	:	_ Male	Female	Email:			Zip:	
Addre	ss:			City:		State:	Zip:	
Mother's Name:				Home phone:	·	_ Cell:	Work:	
Father's Name: Hor			Home phone:	:	_ Cell:	Work:		
Emergency Contact: Home:								
			MEDIO	CAL INFO	ORMATIC	)N		
Medica	al Insurance Con	npany:						
				Office Phone:				
			Office Phone:					
Medications & Dosages:								
Wicaica	itions & bosage	J			5011 10	iculcate. res	140	
handicap is require	o, or condition to we ed on account there	hich your c eof. Submit	hild is subject this notificati	and of which the on in writing and	e staff should be d attach to this f	aware , and what, ij	ity, weakness, limitation, f any action of protection	
	_				-			
1.	For your child	s sarety a		wiedge pieas <b>fair</b>	-	nild as a swimme n-swimmer	er:	
2	Deserver shill	d	good			i-swimmer		
	Does your child		-	conta		والموالة ومناسية المواد	-t	
3.	<ol><li>Please list and explain any major illnesses the child experienced during the last year: Additional comments:</li></ol>							
				tricted for an	y reason? Plea	ase explain on a	dditional paper.	
4.	Does your child		-					
	pollens	medica	tions	food	insect bites	s or stings	other(list)	
			COI	DE OF CO	ONDUCT			
For you	ur information.	we expe				rules of conduct	:	
-	session or use of a	-			10 111000 1		•	
=	ents can drive.	a.coo., a.	u <sub>B</sub> 3, 01 100u					
		eworks, li	ghters, or ex	plosives				
No fighting, weapons, fireworks, lighters, or explosives  No offensive or immodest clothing								
No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.								
Participation with the group is expected.								
Respect one another, staff, and adult leaders								
Respect for property, including but not limited to hotels, church's, van's, buses, etc.								
Respect and comply with event schedules.								
Studen	ts who fail to c	omply w	th these ex	epectations n	nay be sent h	ome at their pai	rents' expense.	
I have read the rules of conduct, the above evaluation of my health, and permission to participate in kids'								
activiti	es and I agree to	o abide b	y the stated	d personal lim	nitations and o	code of conduct		
STUDENT SIGNATURE:						DATE:		
PAREN	T/GUARDIAN SI	GNATUR	E:			DATE:		

## RESURGENT CHURCH STUDENT MINISTRY MEDICAL/PARENTAL CONSENT FORM



## PUBLICITY CONSENT

On occasion, Resurgent Church takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video recordings may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio-visual recordings may be used in other publications, social media, or advertising materials to let others know about our activities. Local news organizations may hear of our activities or events and our organization may invite or allow them to photograph and record our events.

Furthermore, I give permission for my child to be interviewed by the news media or other authorized media.

(Parent /Guardian Signature)	(Date)	-
	PARENTAL (	CONSENT
(Name of student) Resurgent Church from Januar		on to attend all kids' activities sponsored by 1, 2024.
Resurgent Church and its staff of have legal custody of the stude events being organized by Resany ministry or athletic event, volunteer workers from any an occur during the course of thi medical attention, I/we conserphysician. In the event treatm Resurgent Church, I/we agreed damages arising from the giversponsible for the cost of any health insurance provider. Fur accurate at the date and will,	of any liability against per ent named above, a minor surgent Church. I/We un , and I/We release Resur and all liability for any inju- is student's involvement ant to any reasonable med ent is required from a pa- to hold such person free ring of such consent. I/N medical care should the other, I/we affirm that the to the best of my/our kang this student home at	redical attention is deemed necessary and releases resonal losses of named child. I/We the undersigned r, and have given out consent for him/her to attend derstand that there are inherent risks involved in rgent Church, its pastors, employees, agents, and ry, loss, or damage to person or property that may. In the event that he/she is injured and requires dical treatment as deemed necessary by a licensed hysician and/or hospital personnel designated by and harmless of any claims, demands, or suits for We also acknowledge that we will be ultimately cost of that medical care not be reimbursed by the e health insurance information provided above is nowledge, still be in force for the student named my/our own expense should they become ill or if ber.
Parent/Cuardian signature:		Dato









