



Convergence Church 2021-2022 Parental Consent of Emergency and Surgical Needs and Release of Liability

General Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Parent's Cell: _____

Grade: _____ Age: _____ Birthdate: _____

E-mail: _____

Emergency Contact Information

1. Emergency Contact: _____ Relationship to Student: _____

Can be reached at the following: Home: _____

Work: _____ Cell: _____

2. Emergency Contact : _____ Relationship to Student: _____

Can be reached at the following: Home: _____

Work: _____ Cell: _____

Students Insurance Information *(please attach a copy of insurance card if applicable)*

Insurance Provider: _____

Policy Number: _____

Name of Parent/Guardian Insured: _____

Relationship: _____ Date of Birth: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, handicap, disability, or condition to which your student is subject and of which we should be aware, and what, if any, action of protection is required on account thereof.

Does your student have any allergies? (medication, food, bites, stings, etc.)

Is your student taking any medications presently? If so please list and explain.

Blood type: _____ Date of last Tetanus shot: _____

Parental Consent and Medical Release

We the leadership of Convergence understand the importance of the physical, emotional, and spiritual well-being of your student while he or she participates in our events. However, there are inherent risks involved in any ministry or athletic event which we or any volunteers are not liable for.

I give my permission for my child _____ to participate in the social, athletic, and any accompanying activities, including but not limited to the transport sponsored by Convergence Church. I understand that staff will take reasonable measures to safeguard the health and safety of my child. In the case of an emergency, Convergence staff will first attempt to contact parents. However, in case of my unavailability during a medical emergency, I hereby authorize adult staff with Convergence Church to consent to any examination, x-ray, anesthetic, medical, and surgical diagnosis or treatment and hospital care and I assume full responsibility for that care. I also authorize the staff at Convergence Church to make all emergency decisions on behalf of my child, if required by law or a health care provider. I hereby release and discharge Convergence Church, its successors, assigns, representatives, employees, and agents from any and all liability to the full extent legally possible. In addition, I give my permission for staff to administer any needed over the counter medication to my child.

Signature of Parent/Legal Guardian: (must be over 18 years of age)

_____ Date: _____

Staff Signature of Completion: _____ Date: _____