

**Keystone Evangelical Free Church  
Youth Ministry  
Parental Consent Form/Liability Release**

This form must be completed and signed by a Parent/Guardian for any student who wants to participate in any Keystone Youth Ministry activity. This form will be kept on file and valid for a period of one (1) calendar year from the date on the bottom of this form. It is the responsibility of the undersigned Parent/Guardian to inform the Youth Pastor at Keystone Church of any changes to the student's personal or medical information.

Student's Name: \_\_\_\_\_ Grade(2008/2009) School Year: \_\_\_\_\_

Student's Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

Student's Address: \_\_\_\_\_

The undersigned(s) being lawful parents(s) and/or guardian(s) of the above-named student (the "Student"), hereby consents to the participation by the Student in Keystone Youth Ministry ("Junior High Ministry" or "Senior High Ministry") and all Youth Ministry related activities conducted by Keystone Church.

The undersigned hereby further authorizes any of the staff, employees, volunteers, directors, and agents of Keystone Church to provide for, approve, and authorize any health care at any hospital, emergency room, doctor's office, or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental, or other health authorities incident to the provision of medical, surgical, or dental care to the Student. Health care shall include but not be limited to the administration of anesthesia, X-Ray examination, performance of operations, diagnostic, and other procedures.

If there is no medical emergency, an agent of Keystone Church will first use reasonable efforts to contact the parent(s)/guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, Keystone Church shall not have the authority to withhold or withdraw life-sustaining procedures for the Student.

The undersigned further acknowledges that any Keystone Church activity may include the Student being transported in a Keystone Church provided van or bus or personal vehicle and that those drivers will possess a valid driver's license and insurance and be older than age twenty-one (21).

The undersigned assumes all risk of injury or harm to the Students associated with participation in Keystone Youth Ministry activities and agrees to release, indemnify, defend, and forever discharge Keystone Church and its staff, employees, volunteers, directors, and agents of and from all liability, claims, demands, damages, costs, expenses, actions, and causes of action (collectively, the "Claims") in respect of death, injury, loss, or damage to the Student or by the Student, howsoever caused, arising or to arise by reason of or during the Student's participation in the activity.

This Consent Form may be revoked by parent(s)/guardians(s) at any time before the expiration date with **written notice** to the Keystone Church Youth Pastor.

Signed on the \_\_\_\_ (day) of \_\_\_\_\_ (month), 20\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

# Student Care Information

Student's Name: \_\_\_\_\_ Student's Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ Grade(2008/2009) School Year: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Home Church: \_\_\_\_\_ School District: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Cell Phone (If Applicable): \_\_\_\_\_

## Parent(s)/Guardian(s) and Other Contacts

■ *Please Indicate Primary Phone.*

Father/Guardian's Name: \_\_\_\_\_  (Home) \_\_\_\_\_  (Work) \_\_\_\_\_  (Cell) \_\_\_\_\_

Father/Guardian's Address: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_  (Home) \_\_\_\_\_  (Work) \_\_\_\_\_  (Cell) \_\_\_\_\_

Mother/Guardian's Address: \_\_\_\_\_

Main Family Email: \_\_\_\_\_ Other Email(Indicate Whose): \_\_\_\_\_

(If Parents Are Separated) Children Live With: \_\_\_\_\_ Attends Church With: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  (Home) \_\_\_\_\_  (Cell) \_\_\_\_\_

Siblings (Names & Ages): \_\_\_\_\_

## Medical/Health Insurance Information

Student's Family Doctor Office: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Student's Family Doctor Office Address: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Medications & Dosage: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Special Notes/Instructions: \_\_\_\_\_

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\_\_\_\_\_