

# PARENT OF MINOR CONSENT FORM

Name of activity: \_\_\_\_\_ Activity Date: \_\_\_\_\_

Student Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Grade \_\_\_\_\_

Street: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Student email: \_\_\_\_\_ Parent email: \_\_\_\_\_

Additional comments regarding medical history, allergies, current medications, or physical limitations: \_\_\_\_\_  
\_\_\_\_\_

I have been informed of the above activity sponsored by TerraNova Church and hereby give my consent for my minor child to participate in this activity. I understand that all reasonable safety precautions will be taken by the leaders of this activity and that the possibility of an unforeseen hazard does exist. In the event I cannot be reached in an emergency during this function's dates noted on this form, I give my permission to the nurse, physician or emergency medical personnel selected by TerraNova staff to secure proper treatment and/or to order an injection, anesthesia, surgery or hospitalization for my child/ward as deemed necessary. I here-by waive all claims and further agree not to hold TerraNova Church, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor on this form.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_ Alt #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_

Policy # (if applicable) \_\_\_\_\_