**Liability Release and**

**Medical Consent for**

**Eighth Grade Celebration**

**(July 21, 2018)**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please fill out the following Release of Liability and Consent for Medical Treatment.  It is our hope that we won’t even have to use this during our event, but please help us to take care of your student if need be.)**

**I hereby release and hold harmless from liability Northview Church, its staff members, volunteer workers, and other employees and/or agents in the event of any injury to my child not resulting from the negligence of any staff, volunteers, employees and/or agents while my child is engaging in any church or youth activity. This includes transporting to and from events in either church owned vehicles, rented vehicles, or personal vehicles driven by volunteers or staff of Northview Church.**

**I further consent to any hospital or medical care necessary for my child and such medical care may be approved by my child’s youth leader/director and physicians immediately employed in any medical facility where they may be treated, including all emergency treatments which in the judgment of said physicians may be considered necessary or advisable for my child.**

**I understand that this is a legally binding release and consent and that the church activities are provided in consideration for this signed release and consent.**

**I have carefully read this Release of Liability and Medical Consent form and fully understand its content.  Being aware of said consents I sign of my own free will.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_     In Case of Emergency,**

**Parent’s Signature Date         please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          Emergency Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Company Policy #**