

Parental Consent and Liability Release Form Internship with Petra Church, New Holland, PA

Participant's Name _____ Age _____ Date of Birth _____

Address _____
(Street) (City) (State) (Zip)

Phone _____

School _____ Current Grade (or Grade Just Completed) _____

Parent's or Legal Guardian's Names _____

Parent(s)' Business Phone _____
(Father) (Mother)

We (I) give permission for our (my) child, _____, to attend and participate in the
(name of child)
Petra Ministry Internship.

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event I cannot be reached in an emergency during the activities shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure x-ray examinations, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I assume responsibility for their transportation and/or all transportation costs.

Authorization and permission is hereby given to Petra Church to furnish any necessary transportation, food, and lodging for my child.

I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Petra Church, its leaders, employees, and volunteer staff liable for any property damages and expenses, as well as personal injuries, death, or diseases incurred or caused by the subject of this form.

I understand all reasonable precautions will be taken at all times by Petra Church and its agents during the events and activities.

Major Medical or Hospital Insurance Yes () No ()

Insurance Company _____

Policy Number _____

In Whose Name is the Insurance? _____

Family Doctor _____ Phone Number _____

Emergency Contact Person _____ Phone Number _____

Alternate Contact Person _____ Phone Number _____

Please list any allergies or special medical problems your child may have.

Medicine being taken on a regular basis _____

Parent/Guardian Signature(s) _____ Date _____

I agree to do my best to cooperate and be happy during all activities. I realize it is a privilege to participate and I will submit to any decision the leaders make on my behalf.

Participant's Signature: _____ Date _____