



Evergreen Community Church
3429 240th ST Se
Bothell, WA 98021
Phone: 425.402.1773
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**PARENT PERMISSION FOR CHURCH SPONSORED ACTIVITY
AND CONSENT TO MEDICAL TREATMENT**

Please Complete Form

(Name of student) _____ has opportunity to participate in a church activity away from premises. If you approve the following arrangement, please sign at the bottom of this section and return to your child's leader/teacher/children's director.

NATURE OF ACTIVITY: KIDS CONFERENCE

DESTINATION: Evergreen Community Church & Overlake Church in Redmond

DATE: April 16-17 TIME: Between 5:15-4:30

MEANS OF TRANSPORTATION: Leader/parent vehicle and Church Van

I understand the nature of the church activity in which my son/daughter will be participating and that he/she is expected to abide by all church regulations during the course of the activity.

RELEASE OF LIABILITY & PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I hereby request that my child(ren), (full names) _____ be permitted to participate in all ECC activities, to include various indoor and outdoor activities.

I hereby agree to release Evergreen Community Church, their employees, volunteers, and agents from any and all liability which may arise from any such activity.

In the event my child becomes ill or sustains injury while under the supervision of the ECC staff, permission is hereby given to administer first aid for his/her relief. If it is not practical to turn him/her over to me in care, consent is hereby given to admit him/her to a medical care facility and/or for a surgeon to administer such treatment, drugs and medication, and perform such surgical procedures s he shall think the existing emergency requires for the relief of pain and to preserve my child's life and health.

Signed _____ Relationship _____

Printed Name _____ Date _____

I (we), the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is o be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Washington Department of Public Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date: _____ Signature of _____
Father and/or Mother, Guardian

Allergies to Drugs or Foods _____

