

**PARENTAL AUTHORIZATION &  
MEDICAL POWER OF ATTORNEY AND RELEASE**

I, \_\_\_\_\_, the undersigned parent or guardian of \_\_\_\_\_, do hereby authorize my child or ward to participate in the activities of Chase Oaks Church Friday January 18 – Sunday, January 20, 2019. I also acknowledge that all guardians of \_\_\_\_\_ have granted permission.

**Participant Information:**

Full Name \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Sex \_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Grade Completed \_\_\_ Church Campus \_\_\_\_\_

**Parent/Guardian Information:**

Full Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
Spouse's Work Phone (\_\_\_\_) \_\_\_\_\_

Should neither my spouse nor I be available, information may be left with \_\_\_\_\_ at Phone (\_\_\_\_) \_\_\_\_\_.

**Authorization for Treatment/Release of Claims**

I, the undersigned, do on behalf of my child or ward under 18 years of age give permission for an attending physician or hospital to administer medical care or, if deemed necessary, by a staff member and / or adult sponsor of Chase Oaks Church, and the physician or hospital staff during, en-route, at, to or from the above mentioned trip. I, the undersigned, do on behalf of my child or ward under 18 years of age hereby release from all claims and forever hold harmless the officers, directors, employees, agents, and volunteers of Chase Oaks Church from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself my child or ward under 18 years of age. I also assume personal responsibility for all medical bills for my child or ward under 18 years of age and do certify I have secured primary medical insurance for my child or ward under 18 years of age. Further, should it be necessary for my child or ward to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Parent or Guardian Initials \_\_\_\_\_ Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Participant's Medical Profile:** Please initial beside each medication we may give your child or ward if needed. You hereby give permission to Chase Oaks Student Ministry to administer over-the-counter medications to your child or ward as prescribed or as needed during the above mentioned camp, retreat or mission trip:

\_\_\_\_\_ Ibuprofen (i.e. Advil)      \_\_\_\_\_ Acetaminophen (i.e. Tylenol)      \_\_\_\_\_ Expectorant (i.e. Robitussin)  
\_\_\_\_\_ Decongestant (i.e. Sudafed)      \_\_\_\_\_ Antacid (i.e. Maalox, Pepto Bismal, Tums or GasEx)  
\_\_\_\_\_ Diphenhydramine Hydrochloride-Antihistamine (i.e. Benadryl)

Generally, your child or ward's health is (Check One):

Excellent \_\_\_      Good \_\_\_      Fair \_\_\_      Poor \_\_\_

If Fair or Poor, please explain their current condition or illness:

\_\_\_\_\_

List any medical difficulties for which your child or ward is CURRENTLY being treated:

\_\_\_\_\_

\_\_\_\_\_

My child or ward's last Tetanus shot was: \_\_\_\_\_

My child or ward is allergic to the following:

Medication: \_\_\_\_\_

Foods: \_\_\_\_\_

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

And/or taking the following medication:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child or ward will be responsible for taking the following meds at the dosage/time listed.

Medication:	Dosage/Time

Insurance coverage for my child or ward is with:

NAME OF CARRIER: \_\_\_\_\_

POLICY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #:( \_\_\_\_\_ ) \_\_\_\_\_

NAME ON POLICY: \_\_\_\_\_

**Liability Release**

I release Chase Oaks Church and its staff and sponsors from liability for any injuries that may result from participation in the event Chase Oaks Church Friday January 18 – Sunday, January 20, 2019.

Parent or Guardian Initials \_\_\_\_\_

Participant Initials \_\_\_\_\_

**Code of Ethics**

Because Chase Oaks Church is a religious organization, all participants in this event are expected to follow a basic code of conduct. Therefore, if any student participates in any of the following activities he/she may be sent home at their parent/guardian's expense.

- Weapons possession
- Stealing
- Leaving without permission
- Fighting With/Abusing Others
- Sexual contact or pornography
- Controlled substance possession/abuse
- Vandalism
- Any activity that event leaders deem worthy of dismissal

Because of Chase Oaks Church's basic code of acceptable conduct, a participant's luggage and belongings are subject to examination by a leader if there is any question about the contents therein.

Parent or Guardian Initials \_\_\_\_\_

Participant Initials \_\_\_\_\_

All information provided and is true and correct to the best of my/our knowledge. I/We agree to comply with all requirements.

\_\_\_\_\_  
Printed Participant Name

\_\_\_\_\_  
Printed Parent or Guardian Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date