



PARENTAL RELEASE & PERMISSION FORM

_____ (student's name) has my permission as parent/guardian to participate in the 2010 year activities with the Student Ministries of Christ Covenant Church (CCC). Participation may include transportation by Church bus or private car when necessary. In consideration of the benefits to be derived from these activities, I (parent/guardian) agree not to hold (CCC), its officers, employees, drivers, chaperones, members, volunteers or other agents liable for any injury, loss, damage, or accident that my child might encounter while participating in 2010 CCC activities and voluntarily waive any claims.

MEDICAL CARE PERMIT

I (parent/guardian) hereby authorize emergency medical, dental care or first-aid treatment as needed for my child (student) in the event of illness or injury during any sponsored activity of Christ Covenant Church.

Parent/Guardian Name providing Insurance: _____

Health Insurance Company: _____ Subscriber's Name: _____

Policy Number: _____ Insurance company's emergency phone: _____

Student had any surgery or serious illness within the last 3 years? ___yes ___no. If yes, explain in the back

Is student required to take any medication? ___yes ___no. If so, for what reason and how often? _____

Does the student have any allergies or allergic reaction to any medication? ___yes ___no. If yes, explain

Is he/she presently under a doctor's care? ___yes ___no. If yes, explain
Please print and use the back of the form if necessary

BEHAVIOR POLICY

I (parent/guardian) will instruct my child (student) to obey and respect the leadership. In addition, I (parent/guardian) will instruct my child to respect other people's property and will assume full financial responsibility for any damage that my child causes. I (parent/guardian) further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge.

DISPLAY OF AFFECTION POLICY

I (parent/guardian) will instruct my child of the zero tolerance policy of displays of affection (example: hugging, holding hands, kissing, sitting of each other laps etc.) The student agrees to adhere to all instructions of the Pastor of Student Ministries and/or an adult chaperone concerning their behavior. Students (guy and girl) must remain with the group at all times and is at no time allowed to separate themselves from the group.

I (parent/guardian) hereby acknowledge that if my child is found breaking the behavioral or the display of affection policy that my child will be set home early from the event (by airplane if necessary) and that I (parent/guardian) will be responsible for all the costs associated with sending my child home. I understand that the reason for these policies is to preserve the peace and integrity of the student ministry as well as to provide a fun and wholesome trip experience both the students and the leaders.

THIS SPACE FOR NOTARIZATION:
STATE OF FLORIDA
COUNTY OF BROWARD

Print Name

Signature

The above facts are sworn to be true and correct by the undersigned, _____,
who is either personally known to me or provided the following identification _____.
Signed this _____ day of _____, 20__.

Sworn to and executed in the presence of: _____
Notary Public signature