

# KUEST Experience Conference 2020

## Permission Form

Effective Dates: June 17-19, 2020

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female

Nickname \_\_\_\_\_ School: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Secondary Address: \_\_\_\_\_

Child Home Phone \_\_\_\_\_ Child Cell Phone \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

### AUTHORIZED INDIVIDUALS FOR PICK-UP/DROP-OFF

Authorized individuals to pick-up/drop off your child. List the name, phone numbers, type of number (type: i.e. home, cell), and relationship to the student.

Name _____	# _____	Type _____	Relationship _____
------------	---------	------------	--------------------

Name _____	# _____	Type _____	Relationship _____
------------	---------	------------	--------------------

Name _____	# _____	Type _____	Relationship _____
------------	---------	------------	--------------------

Name _____	# _____	Type _____	Relationship _____
------------	---------	------------	--------------------

### EMERGENCY CONTACT

Name _____	# _____	Relation? _____
------------	---------	-----------------

Name _____	# _____	Relation? _____
------------	---------	-----------------

### PARENTAL CONSENT

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name) ("Participant"), to attend and participate in the KUEST Experience Conference that is sponsored by Family Life Church during the period of June 17 — June 19, 2020.

**LIABILITY RELEASE:** In consideration of Family Life Church allowing the Participant to participate in all activities related to the KUEST Experience Conference, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Family Life Church and all other churches participating, their pastors, directors, youth ministers, employees, volunteers, nurses and medical professionals, and teachers (collectively herein the "Churches") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the conference activities. I, the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in all KUEST Experience Conference activities. I, the parent or legal guardian of this Participant hereby grant my permission for the Participant to be photographed during the event and grant my permission for said photographs to be used on websites, social sites, and promotional materials. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Churches for any liability sustained by said Churches as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any duly licensed physician or dentist on the medical staff of a hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone or charter bus professional, and/or public transportation vehicle while attending and participating in activities sponsored by KUEST Experience Conference, Family Life Church, and all other participating churches. My child and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

_____	x	_____	_____
Name of child participant		Signature of child participant	Date

_____	x	_____	_____
Name of parent/guardian		Signature of parent/guardian	Date

# MEDICAL INFORMATION CHILD INFORMATION (Please Print)

Youth Full Name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ DOB \_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_  
List all parent/guardian contact phone numbers in best order to be reached:  
Primary: \_\_\_\_\_ Other(s): \_\_\_\_\_

## NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

## PRIMARY CARE PHYSICIAN

Name: \_\_\_\_\_  
Phone(s) \_\_\_\_\_ Fax: \_\_\_\_\_  
Name of practice: \_\_\_\_\_  
Date of last Tetanus shot (required) \_\_\_\_\_

## INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy/Group ID#: \_\_\_\_\_  
Policy Holder's Name (please print): \_\_\_\_\_

**Required: Attach a copy of medical insurance card.**

## MEDICATION:

List all medications the child will take during any children's trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to an adult youth leader in their original containers with complete dispensing instructions before the start of the event. Children are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

### Medication Name Dose Treatment for Dispensing instructions

*Example: Zyrtec 5mg Seasonal allergies Take one pill daily in the morning with food*

**Over-the-Counter Medication Permission:** Do you give permission for your child to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a children's ministry event?

**No.** Contact me or get medical help if my child has any minor medical concerns.

Parent signature \_\_\_\_\_

**Yes.** I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent Signature \_\_\_\_\_

**MEDICAL CONDITIONS:** Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions your child has (asthma, diabetes, epilepsy, etc.):

\_\_\_\_\_

2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_