

**Shadle Park Presbyterian Church
Consent Form**

I, as parent/guardian of _____, grade _____, age _____, do release and hold Shadle Park Presbyterian Church, its agents and employees harmless from any claims or causes arising from or connected with transportation to and from, and attendance at SPPC functions. I further agree that Shadle Park Presbyterian Church, its agents, or employees are authorized to provide medical and/or dental treatment at my expense as may be necessary, in their judgment, during such transportation and/or participation in any event including, but not necessarily limited to ambulance service, x-ray or other imaging examinations, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to such minor under the general or the special supervision and on the advice of any physician or dentist licensed under the provisions of the regulations of the State of Washington pertaining to professional status.

1. Does youth have any known allergies (including allergies to medicine)? Yes No
If yes, what? _____
2. Does youth have any physical disabilities or take medicine regularly? Yes No
If yes, what? _____
3. In case of emergency: (Please check one of the following):
 Call before treatment is given Give first aid, then call
4. Does youth have permission to swim under adult supervision with the understanding that swimming conditions are variable (lakes, swimming pools, etc...)? Yes No
5. Does youth have permission to travel in any vehicle used to transport participants if at any time transportation is needed? Yes No
6. Expectations: All participants are expected to be on their good behavior. The possession or utilization of drugs and/or alcohol is strictly prohibited and the undersigned agrees to follow instructions of their supervisors and officials and does further acknowledge that their participation is voluntary and by their signatures below said parent or parents are accepting this voluntary participation. The undersigned acknowledge that they have read and agreed to the provisions of this consent and participation agreement.

Doctor: _____ Phone: _____

Insurance Company Name: _____

Group #: _____ Policy #: _____

Parent Signature: _____ Date: _____

Parent Name Printed: _____

Participant Signature: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____