

# RIVERVIEW CHURCH

*rivchurch.com*

## PARENTAL CONSENT FORM

Participant's name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian's Name & Phone # \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

I, the undersigned parent or legal guardian do hereby give permission for my child, \_\_\_\_\_, to attend and participate in Riverview Church student ministry events during the 2016-2017 school year.

I authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor due to the general or special supervision and on the advice of any physician or dentist, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in events sponsored by Riverview Church.

The undersigned does also hereby give permission for photo and video of my child to be posted to RivChurch.com, Riverview Church's Facebook page, or similar web pages. Any photographs or videos will only be used to promote Riverview Church ministries, and used by Riverview Church Staff and/or leaders.

### SIGNATURES:

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

