

**Unite Student Ministries/Love of Christ Church  
Consent/Insurance Form  
January 1, 2019 – December 31, 2019**

Student's Full Name \_\_\_\_\_

Student's Age \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Full Address \_\_\_\_\_

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

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Parent(s) Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The undersigned does hereby give permission for our/my child, \_\_\_\_\_, to attend and participate in activities sponsored by Unite Student Ministries, Love of Christ Church.

We (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 and/or treatment, and hospital care, to be rendered to the minor under the general supervision and on the advice of any physician or dentist licensed under the provision of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I agree to hold harmless both Love of Christ Church and any representatives thereof of any and all liability in the event of an accident or any unforeseen occurrence while my/our minor son or daughter attends or participates in activities sponsored by Unite Student Ministries, Love of Christ Church.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this authorization.

Should it be necessary for our/my child to return home due to a medical reason or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Unite Student Ministries, Love of Christ Church. The undersigned does also hereby give permission for our/my child to be either photographed or video recorded while attending and participating in activities sponsored by Unite Student Ministries, Love of Christ Church. The undersigned does hereby relinquish all rights to the photographs and video recorded tapes and gives ownership to Unite Student Ministries, Love of Christ Church.

Health Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Primary Insurer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Employer: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group #: \_\_\_\_\_

Individual Student Number (if applicable): \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

\*Please list on the back of this page any allergies, medication taking or special medical problems your child may have. If possible, please attach a copy of insurance card.

***This Consent/Insurance Form is valid January 1, 2019 through December 31, 2019***

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature(s)

\_\_\_\_\_  
Date