Risen King Community Church
6100 Oasis Road Redding CA. 96003 ● (530) 244-2300
www.risenking.org

Dear Parents:

This form is to request your permission for your child's participation in the upcoming trip/activity:

Destination: _____

Date(s) of Trip:_____ Departure Time:_____ Return Time: _____

Transportation: ☐ Parents Need to Provide Transport ☐ Staff/Volunteer Vehicles

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Minor's Name:_____ Date of Birth: _____

Parent /Legal Guardians' Name(s):_____

Home Phone: _____ Work Phone:_____ Cell:_____

Home Address:_____

Emergency Contact Name:_____ Contact Number: _____

Medical Insurance Provider:_____ Policy Number:_____

Release of Liability:

I, _____the parent/legal guardian of _____, am informed of the above named trip/activity offered by Risen King Community Church. As the parent/legal guardian of the above named child, I consent for my child to participate in the trip/activity. I understand by consenting to allow my child to participate, I hold Risen King Community Church, its staff and volunteers, harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.

Consent for Treatment:

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment or hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. **I hereby authorize Risen King Community Church staff members and volunteers to secure and sign for emergency medical care for my child, at my expense, when necessary.**

☐ *Check here if your child has a special medical condition that requires attention. Attach on a separate sheet a detailed description of the medical condition. Please note any allergies, asthma conditions, proper use of inhalers, etc. List all medications that will need to be taken during the duration of the activity.*

Consent for Photo Release:

I give my consent for videotapes, photographs, electronic images and/or audio recordings of my child to be used by Risen King Community Church and its staff members or volunteers, for publicity, public relations or social networking (outreach) purposes.

Signature of Parent/Legal Guardian:_____ Date:_____

Printed Name of Parent/Legal Guardian:_____