

**PARENT / GUARDIAN OF A MINOR
CONSENT AND HOLD HARMLESS / CONSENT TO TREAT A MINOR**

(This form is to be completed for each offsite event and a copy should be taken on each trip.)

<i>Name of activity</i>	<i>Date(s) of activity</i>	
<i>Minor's Name</i>		
<i>Date of Birth</i>	<i>Age</i>	<i>Gender</i>
<i>Home Address</i>	<i>City</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Cell Phone</i>	
<i>Emergency Contact Person</i>	<i>Contact Phone</i>	
<i>Secondary Contact Person</i>	<i>Contact Phone</i>	

I, _____ (*printed name of parent / guardian*), being the parent or legal guardian of _____ (*printed name of minor*), have been informed of the above activity sponsored by Destiny Fellowship and hereby give my consent for my minor child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Destiny Fellowship, its leaders, employees, and/or volunteer staff liable for damages, losses, illnesses, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities (if any): _____

In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Further I understand that all efforts will be made to contact me prior to treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I also do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the medical, hospital, or dental care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

<i>Name of Insurance Carrier</i>	<i>Policy Number</i>
<i>Policy Holder's Name</i>	<i>Phone Number</i>
<i>Physician's Name</i>	<i>Phone Number</i>

Parent / Guardian Signature _____ **Relationship** _____

Date signed _____