



**EDEN CHURCH
ANNUAL PERMISSION & MEDICAL RELEASE FORM
CHILDREN & STUDENT MINISTRY PROGRAMS**



2020-2021

Please select the ministry program(s) your child has permission to participate in:

- NURSERY (Infant-PreK) EDEN KIDS (K-4th Grades) SPARK (4th & 5th Grades)
 TRACTION (Jr & Sr High) EATON TUTORING (K-12) JESUS SINGERS (K- 8th Grades)

STUDENT'S INFORMATION

Name: _____ Date of Birth: _____ Sex: M F
 School: _____ Grade: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Home Phone Number: (_____) _____
 Student's Cell Phone Number: (_____) _____ E-Mail: _____
 Student's Health Insurance Carrier: _____ Policy Number: _____
 Current Medications: _____
 Allergies: _____
 Special Medical Instructions: _____

PARENT/ GUARDIAN CONTACT INFORMATION

Mother's/Guardian's Name: _____ Father's/Guardian's Name: _____
 Address: _____ Address: _____
 City: _____ City: _____
 State: _____ Zip Code: _____ State: _____ Zip Code: _____
 Cell: _____ Cell: _____
 Email: _____ Email: _____
 Facebook: <http://facebook.com/> Facebook: <http://facebook.com/>

ALTERNATE EMERGENCY CONTACT

Name: _____ Relation to Student: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Numbers:
 Home: (_____) _____ Work: (_____) _____
 Mobile: (_____) _____ E-Mail: _____

(Please fill out reverse side also, thank you)

PARENT/GUARDIAN GENERAL PERMISSION & RELEASE STATEMENT

I, _____, hereby give permission for my child, _____,
(Parent or Guardian Name) (Child's name)

to participate in the Eden Church ministries indicated above. I understand that participating in these activities can involve certain risks to my child. By signing this form I accept those risks. I hereby release and agree to hold harmless, indemnify, and discharge Eden Church (including any of its agents, employees, representatives, and volunteers) for any and all liability for injury, or damage, including but not limited to, bodily injury, death, personal injury, emotional injury or property damage arising out of my child's participation in this activity, the use of Eden Church's premises (including its entrances and exits, and surrounding areas). By signing this form I attest that I am the parent or guardian of said child and that I have the legal authority to grant this permission and waiver of liability. I agree that it is my responsibility to notify Eden Church if any information on this form changes. I further understand and agree that I may revoke this permission by submitting such revocation in writing to Eden Church. I understand, however, that by revoking my permission said child will no longer be able to participate in the ministries of Eden Church.

VIRTUAL GATHERINGS PERMISSION

In the case that the ministry or ministries that my child is involved in meets virtually, I give consent for my child to participate through the use of Zoom, Facebook, or any other third party virtual means. I understand the need for Eden Church and its agents, employees, representatives, and volunteers to have access to the necessary information required for my child to participate in the ministry(ies) through the aforementioned virtual means including personal email, Facebook profile information, etc. I understand that I am responsible for the proper use of these third party applications as outlined by these third parties' privacy and terms of use statements.

PARENT/GUARDIAN INITIALS: _____

PARENT/GUARDIAN MEDICAL CONSENT TO TREAT STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this PERMISSION & MEDICAL RELEASE FORM. In the event that I or the alternate emergency contact cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by Eden Church agents or representatives to hospitalize, to secure medical treatment and /or to order an injection, anesthesia, or surgery for my child or children as deemed necessary. I understand that my insurance coverage for my child or children will be used as primary coverage in the event medical intervention is needed.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

TRANSPORTATION PERMISSION (IF APPLICABLE)

I give Eden Church permission to transport the subject of this annual permission and release form on the Eden Church Bus to church services and/or to the church-sponsored programs during the entire school year listed on this form. ***I understand that if I revoke this permission at anytime or if any information changes on this form that it is my responsibility to contact Eden Church to notify them immediately.*** I understand all reasonable safety precautions will be taken at all times by Eden Church and its agents during transportation. I understand that an adult chaperone will be present on the church bus along with the church approved and trained driver during all transportation. I understand the possibility of unforeseen hazards and know the inherent possibility of risks of bus transportation. I agree not to hold Eden Church, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the subject(s) of this form.

PARENT/GUARDIAN'S INITIALS: _____

MEDIA PERMISSION

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject(s) of this release during transportation and/or church-sponsored events to be used, distributed, or shown as Eden Church sees fit.

PARENT/GUARDIAN'S INITIALS: _____