

Parental Consent Form
Family Worship Center, Smithville MO/ EPIC Student Ministries / FWCKids

Name of Student: _____ DOB: _____ / _____ / _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade: _____ Age: _____

Father: _____ Cell Phone: _____

Mother: _____ Cell Phone: _____

Email Address (Students): _____

Email Address (Parent(s)): _____

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Family Worship Center between January 1, 2021 and December 31, 2021.

We (I) authorize any officially selected driver, 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 under the general or special supervision and on the advice of any physician or dentist licensed under the provisions 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.

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 our (my) child to ride in any vehicle designated by the adult, over the age of 21 and a member of the FWC Ministries leadership team, in whose care the minor has been entrusted while attending and participating in activities sponsored by Family Worship Center and its various ministries.

The undersigned does hereby grant permission to Family Worship Center and/or its designated representative to permit my child's picture to be taken, or likeness reproduced and disseminated via various media/communication vehicles, or to be otherwise utilized by the church in regard to the church's approved events and activities including use of name, voice, and/or writings and reproductions of the same in any form. I hereby release the above party from liabilities arising out of what I might deem misrepresentations by virtue of distortion, optical illusions, or faulty mechanical reproductions.

To the fullest extent permitted by law, I release Smithville Family Worship Center, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Smithville Family Worship Center, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

I recognize that there is an inherent risk of exposure to COVID-19 in any public place where people are present. By attending FWC or any FWC sponsored event I voluntarily assume all risks related to exposure to COVID-19.

Medical Insurance: Yes _____ No _____ Insurance Company: _____

Policy Number: _____ Emergency Phone Number: _____

Allergies: _____

Student's Signature: _____

Parent/Legal Guardian: Signature: _____