

WESTMINSTER PRESBYTERIAN CHURCH - ATLANTA, GA
PARENT/GUARDIAN OF A MINOR
CONSENT AND HOLD HARMLESS FORM

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

Name of activity: _____ Date: _____
Child's Name: _____
Date of birth: _____ Age: _____ Sex: _____
Address: _____
Phone number: _____

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 Westminster Presbyterian Church 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 Westminster Presbyterian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also request that my minor child be excluded from the following activities:

Signature of parent/guardian: _____ Date signed: _____

The name typed here constitutes a digital signature

PARENT CONSENT TO TREAT A MINOR FORM

Being the parent or legal guardian of _____ (*printed name of minor*), I _____ (*printed name of parent/guardian*) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat 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 healthcare decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of Westminster Presbyterian Church will be used as the secondary coverage.

Minor's date of birth: _____

Signature of parent/guardian: _____ Date signed: _____

The name typed here constitutes a digital signature