

# PARENTAL AUTHORIZATION & MEDICAL POWER OF ATTORNEY AND RELEASE

I, \_\_\_\_\_, the undersigned parent or guardian of \_\_\_\_\_, do hereby authorize my child or ward to participate in the activities of Northwest Bible Church during \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_. I also acknowledge that all guardians of \_\_\_\_\_ have granted permission.

### Participant Information:

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Grade Completed \_\_\_\_\_

### Guardian Information:

Full Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Spouse's Work Phone \_\_\_\_\_

Should neither my spouse nor I be available, information may be left with \_\_\_\_\_  
at Phone #: \_\_\_\_\_.

### Authorization for Treatment/Release of Claims

I, the undersigned, do for myself (or on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care, if deemed necessary, by a staff member and / or adult sponsor of Northwest Bible Church and the physician or hospital staff during, en-route, at, to or from the above mentioned trip. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, and agents of Northwest Bible Church from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age) and do certify I have secured primary medical insurance (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

### Participant's Medical Profile:

Generally, your child or ward's health is (Check One):

\_\_\_\_ Excellent    Good \_\_\_\_    Fair \_\_\_\_    Poor \_\_\_\_

If Fair or Poor, please explain their condition

\_\_\_\_\_

List any medical difficulties for which your child or ward is CURRENTLY being treated: \_\_\_\_\_  
\_\_\_\_\_

My child or ward's last Tetanus shot was: \_\_\_\_\_

My child or ward has the following allergies, illnesses, or is taking the following medication:

\_\_\_\_\_  
\_\_\_\_\_

My child or ward is allergic to the following medication:

\_\_\_\_\_  
\_\_\_\_\_

My child or ward's physician is:

NAME: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

Insurance coverage for my child or ward is with:

NAME OF CARRIER: \_\_\_\_\_

POLICY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME ON POLICY: \_\_\_\_\_

**Liability Release**

I understand that the activities that I or my child or ward will participate in during the event *Northwest Bible Church Big Weekend retreat* will include travel around the Metroplex, lodging at Northwest or in host homes, crazy games (including Broom Ball on an ice rink), loud music, food, and other common risks associated with recreation and youth events.

I release Northwest Bible Church and its staff and sponsors from liability for any injuries that may result from participation in the event *Northwest Bible Church, Big Weekend retreat*.

**Christian Conciliation Agreement**

Please read the following statement carefully: “Any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker Ministries (complete text of the Rules is available at [www.HisPeace.org](http://www.HisPeace.org)). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.” (*Peacemaker Ministries Material*)

**Code of Ethics**

Because Northwest Bible Church is a religious organization, all participants in this event are expected to follow a basic code of conduct. Therefore, if any participant participates in any of the following activities he/she may be sent home a their guardian’s expense.

- Weapons possession
- Stealing
- Leaving without permission
- Fighting With/Abusing Others
- Sexual contact
- Controlled substance possession/abuse
- Vandalism
- Any activity that event leaders deem worthy of dismissal

Because of Northwest Bible Church’s basic code of acceptable conduct, a participant’s luggage and belongings are subject to examination by a leader if there is any question about the contents therein.

All information provided and is true and correct to the best of my/our knowledge. I/We agree to comply with all requirements and requests.

\_\_\_\_\_  
Printed Participant Name

\_\_\_\_\_  
Printed Parent or Guardian Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**The following to be completed by the notary witnessing parent/guardian’s signature:**

The state of \_\_\_\_\_ the county of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_  
known to me (or proved to me on the oath of \_\_\_\_\_)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this

\_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
Print name of Notary Public here  
My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.