



everyneighborhood

P A R T N E R S H I P

Parent/Guardian Consent Form

I allow my child _____ to participate in the following
(student name)

_____ event/activity

on _____
date/time

I release any and all liability from the Every Neighborhood Partnership, the volunteers and their church and/or organization of all claims, actions, damage demands or causes of action or suits.

Should it be necessary for my child to have emergency medical treatment while participating in this trip, I hereby authorize medical services for my child. I further authorize any individual selected by personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that the church and/or organization has no insurance which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility.

Names of student _____

Parent/Guardian Signature _____

Parent/Guardian Print _____

Address _____

Parent/Gardian phone # _____

Transportation by Private Auto _____
name of leader phone #