

**Authorization to Consent to
Medical Treatment of a Minor**
(Please complete both sides of this form)

Grade: _____

Name: _____

Complete Address: _____

Parent's Name: _____ Phone: _____

Mom work / cell phone: _____ Dad work / cell phone: _____

Date of Birth: ____/____/____

I, _____, declare that I am the father/mother/guardian of _____ (child's name), and authorize a representative of John Knox Presbyterian Church, in whose care, custody, and control my child is temporarily entrusted, to obtain and consent to whatever medical treatment is deemed necessary, of any and all kinds, from any physician, dentist, surgeon, anesthesiologist, nurse, or x-ray or medical technician, at any medical facility considered appropriate for the health and well-being of my above named child.

I hereby agree to indemnify and hold harmless from any expenses of claims of any nature the adults, of any person or entity which provides or causes to be provided examination, treatment, or hospital care pursuant to this authorization, except to the extent such adult, person, or entity is negligent, and agree to make or cause to be made, payment for such examination, treatment, or hospital care.

If your child is on medication during the school year, they must take the medication during VBS.

This authorization shall remain effective from July 17, 2023 through July 21, 2023 unless sooner revoked by destruction of this document.

Authorized and signed this _____ day of _____, _____.

Parent/Legal Guardian Signature

Witness

MEDICAL INFORMATION

Insurance Company: _____ Member's Name: _____

Policy Number: _____ Allergies: _____

Medications being taken: _____

Physical Handicaps or Limitations: _____

MEDIA RELEASE

I, the undersigned, hereby give my permission for John Knox Presbyterian Church, Houston, Texas, to use, publish, or disclose in newsletters, brochures, periodicals, posters, website, or other media-related vehicles, any photographs, videos, audios or other material in which my child, _____, may have appeared, spoken, written or otherwise been represented.

My signature below releases John Knox Presbyterian Church to use any of the aforementioned materials. I understand that a copy of this release will be kept on file to indemnify John Knox Presbyterian Church against any of their use of the materials indicated.

Parent/Legal Guardian Date

Authorization for Participation
John Knox Presbyterian Church
(Please complete both sides of this form)

I, _____ hereby authorize my child, _____
to participate in youth activities sponsored by John Knox Presbyterian Church, including traveling to and from field
trips, for the period of July 29, 2019 through August 2, 2019.

To the best of my knowledge and belief, my child is in good health, free of communicable diseases, and is in sufficiently
good physical condition to engage in any reasonable athletic or sporting events or activities included in the outings. I
give complete and unqualified permission for participation in the outing and activities included, except: _____

I understand that my child can be sent home from camp or asked not to participate in upcoming events pending a
personal meeting with the Youth Minister and/or a Pastor in accordance with the Ten Commandments Behavior
Covenant seen below. I agree to cover all costs for their early return should this be required.

If you are unable to reach me in case of an emergency, please contact: (Give name, address, phone numbers and
relationship to child.). Primary: _____
Alternative: _____

In consideration of the time, talents and means of the supervisors and volunteers supporting my child during this
activity/outing, I assume complete and full responsibility for any and all risks and hazards to my child that are or may be
associated with or may arise from the activities/outing, including transportation to and from the outing/activities. I,
hereby, waive all claims against John Knox Presbyterian Church, its officers or members, its staff, the organizers,
sponsors, supervisors, or volunteers involved in the activity/outing and for any injury that may occur to my child during
the course of this activities/outings, or travel to and from.

Authorized, agreed to, and signed this _____ day of _____, _____.

Parent/Legal Guardian

Ten Commandments Behavior Covenant

1. People and property are to be treated with respect at all times!
2. Always remember whom you represent...
 God, Jesus, yourself, family & church, and always act accordingly!
3. No liquor, drugs, cigarettes or tobacco products, weapons, lighters or fireworks at any time.
 (Except when required by an adult sponsor for the event.)
4. No Swearing or "Trash" talk. This includes verbally "trashing" another individual.
5. Nobody is ever to leave the group or group activity without asking and receiving permission from an adult leader.
 Never go alone, always go in groups of three or more
6. Everybody is expected to actively participate in all activities, worship, etc...
7. When asked to be somewhere or ready to go at a certain time, be there on time!
8. No "Cliques" or excluding any one or more individuals.
9. Always show respect for an individual's "personal space".
 (This includes appropriate hugs, no wrestling or lap sitting, appropriate sleeping arrangements on overnight activities and the like.)
10. What the Pastor, Youth & Family Minister, or Sponsor says - - goes!

I have read the above Ten Commandments and I understand that failure to abide by these rules will result in
consequences of a phone call to my Parent(s)/Legal Guardian and being sent home immediately.

- Respect adults and teen helpers that are in charge of your group.
- Personal items may not be taken on field trips if there is not enough room on the bus.
- It is highly recommended that you register your child 3 weeks prior to VBS so that we will have t-shirts in the proper sizes ordered. This is also very helpful in being fully prepared on the first day of VBS and prevents some of the chaos and lines when dropping your children off.
- Children with special needs (especially those with behavioral issues) must be registered a minimum of 3 weeks prior to VBS so that we can have time to arrange for an adult that can work one-on-one with them. We do not guarantee that we will be able to accommodate your child if they need one-on-one supervision as we are a very small church and have limited adult volunteers, but we will do our best.
- Certain behavior—especially if it endangers others—may warrant sending your child home. We will contact you immediately should this happen. We will also provide you with a written report regarding any incident that leads to this decision.
- If your child has a special diet or extreme food allergies, please let us know. We may need to discuss having you bring a snack for your child.
- If your child is on medication during the school year, it is mandatory that they be on it during VBS.
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