

Morningside Church

1560 Pedrick Road, Tallahassee, Florida 32317

Permission/Consent Form

I, (we) _____ the parent(s) or guardian(s) of
(Name of parent or guardian on above line)

_____ understand that sickness and/or accidents
(Name of youth on above line)

may occur while he/she is participating in activities sponsored by Morningside Church of Tallahassee. I realize that accidents, injury, and sickness may occur during (but not limited to) routine or recreational activity, supervised or unsupervised activity and that in such cases a representative of the church will notify me of the situation as soon as possible. I understand that this notification will be secondary to the security of the group and welfare of my child.

In the event my child experiences sickness or accident, I hereby grant permission to Morningside Church and/or representative(s) to seek medical and/or dental care as deemed necessary by the adult acting on behalf of the ministry at the time of need. I also grant permission for my child to be examined and treated as deemed necessary by any physician, surgeon, dentist, emergency medical personnel, nurse or others appropriately licensed for such treatment.

I further understand that while Morningside Church carries accident insurance coverage, I must first apply for benefits available through personal hospitalization and medical coverage before applying for benefits that may be available through the ministry's coverage. I understand that any personal coverage available to the participant will be the primary provider and the ministry's coverage will be secondary.

I also understand that treatment and care for my child may include but not limited to: Hospitalization, walk-in clinic care, X-rays, injections, anesthesia, prescribed medication, over-the-counter medicine, ambulance transport or emergency medical rescue. In the event that medical and/or dental treatment is needed, I agree to reimburse Morningside Church for any expenses the church incurs while seeking treatment for my child. I understand that these expenses may include but are not limited to: ambulance service, doctors' fees, prescription drugs, over-the-counter medication, lodging due to illness, emergency room fees, walk-in-clinic charges, long distance phone calls or transportation costs.

Every reasonable effort will be made to settle disciplinary problems in an accountable, productive, and affirming manner. In the event, however, that my son/daughter impedes the direction and/or purpose of the event by his/her behavior and is sent home, it is my obligation to pay for all costs related to his/her return. I also understand that an attempt will be made to notify me prior to any early departure and that reasonable effort will be taken to ensure a safe early return.

_____ Date: _____
(Adult signature)

NOTARY STATE OF _____ COUNTY OF _____ This instrument was
acknowledged before me on _____

(Signature of Notary)