

DFC CHILDREN'S MINISTRY CONSENT FORM

The undersigned does hereby give permission for my child, _____
to attend and participate in activities sponsored by Derby Friends Church.

I understand all reasonable safety precautions will be taken at all times by Derby Friends Church during the events and activities. I authorize any treatment by an accredited hospital and/or licensed physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Derby Friends Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. I also acknowledge that if the subject of the release has to return home early for discipline violations, medical reasons or otherwise, it will be at my expense.

Yes, I give consent to take photos of my child during the event for the sole purpose of church affiliated promotion.

No, I do not give consent for photos to be taken of my child.

Parent/Guardian Name (Please Print) Child Name

Parent /Guardian Signature Date

Address/City/Zip

(C) Phone # (W) Phone #

Health/Med. Ins. Co. Policy Number

Please list on the back side of this form any allergies and/or medical conditions your child may have. Also list any prescription medication he/she may be taking at this time.