

Parental Consent Form- Appendix #3

I _____ (parent/guardian) give permission for _____
(child(ren)/ward), to attend events with Vogel Center Christian Reformed Church.

Transportation Consent

I also give consent for the above named to be transported by a designated driver approved by Vogel Center Christian Reformed Church. VCCRC confirms that the driver will have insurance coverage on his or her vehicle, and has a valid driver's license. I waive the driver and the Vogel Center Christian Reformed Church from liability due to accidental injury suffered in a motor vehicle accident while a passenger in the vehicle.

Video/Photograph Consent (circle yes or no)

Yes No I agree to the publication of photographs and/or video by Vogel Center Christian Reformed Church in online (i.e. website, social media, etc.) or print (bulletins, newsletters, fliers, etc.) media not including names.

Yes No I also agree to the use of first names in the aforementioned publications

Medical Information and Consent

I give permission to the volunteers to secure needed emergency medical treatment for the child named above. In case of accident or injury during the event, I release the supervisors from all liability not covered by insurance.

Telephone/cell numbers _____

Family's insurance company _____

Policy number _____

Allergies _____

Current medications _____

Other pertinent medical information _____

This parental transportation and medical consent form is valid for the 2017-2018 ministry year.

Signed: _____

Print: _____