

Medical Consent Form For Ethos School Year: May 2021 - April 2022

In the event of an emergency as determined by an employee of Ethos or an adult chaperone for Ethos Activities, I hereby give consent for my child to obtain any necessary emergency medical care, including but not limited to, medical, dental, or surgical treatment, which may include hospitalization, anesthesia, surgery or other emergent treatment. I understand that I will be financially responsible for all medical expenses incurred during the course of the provision of such medical care.

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Child's Name

Child's Date of Birth

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Print –Parent(s)/Guardian(s) Name(s)

Signature of Parent(s)/Guardian(s) Name(s)

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Home Phone #

Work Phone #

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Parent/Guardian Cell Phone #

Parent/Guardian Cell Phone #

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Emergency Contact Name, Relationship and Phone #

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Primary Physician's Name, Address and Phone #

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Health Insurance Provider

Policy/ID #

Group #

Please list any allergies or medical conditions of which we should be aware: \_\_\_\_\_

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Please list any current medications taken by the child: \_\_\_\_\_

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Parental Waiver, Release of Liability, Indemnification and Consent Form  
for Ethos School Year: May 2021 - April 2022

As parent/guardian of minor \_\_\_\_\_, I hereby give my permission for my child/ward to attend and participate in the activities sponsored by Ethos Church. Furthermore, I fully assume the risk and agree to release and hold harmless Ethos Church, its Employees, Directors, Volunteers, Chaperones, or Agents, for any claims or demands related to bodily injury, loss, illness, death or disease incurred or caused by my child/ward, and for any loss or damage to any property of myself and my child/ward. I further agree to release, hold harmless, and indemnify Ethos Church, its Employees, Directors, Volunteers, Chaperones, or Agents, for any liability associated with the actions of my child/ward in connection with his or her participation in the activities sponsored by Ethos Church. I fully assume financial responsibility for any injury, loss, illness, death, disease or liability that may result from my child's/ward's participation in the activities sponsored by Ethos Church.

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Print Name of Child Participant \_\_\_\_\_ Date \_\_\_\_\_

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Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Custodial Parent's Signature (if divorced) \_\_\_\_\_ Date \_\_\_\_\_

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Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_