

Mount Aetna Bible Church

Parental Permission/ Release Form for September 2020 through August 2021

PARTICIPANT INFORMATION

Name
Address
Home phone
Email address Cell phone Receive texts?
Birth Date Gender Grade
Parent or Guardian Name
Email address Cell phone Receive texts?
Additional Parent or Guardian Name (if applicable)
Email address Cell phone Receive texts?
Alternate Emergency Contact
Relationship Home phone Cell phone

MEDICAL INFORMATION

Please provide any information that impacts your child's ability to participate in activities or receive emergency medical treatment:

Medications taken Allergies
Medical, emotional or mental health conditions or restrictions

COVID-19 INFORMATION

By signing below you are agreeing to screen your children before any MABC activity for sickness and that if they are found to be sick according to the following symptoms you will keep them home. Please use the following guidelines:

Have you experienced the following symptoms in the past 48 hours?

Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea

Within the past 14 days have you been in close contact (6 feet or closer for at least 15 minutes) with someone with a confirmed case of COVID-19?

Are you currently waiting on test results for a COVID-19 test?

If you answered yes to any of these questions please refrain from attending (or keep your child from attending) a Youth Ministry or Thrive Ministry activity.

ACTIVITY AND MEDICAL TREATMENT PERMISSION

Participation Permission:

My child has my permission to participate in all activities associated with the Youth & Children's Ministries of Mount Aetna Bible Church during the year from September, 2020 through August 2021. Participation may include activities at the church, away from the church, at private homes on a supervised basis, and travel to and from activities. I agree to hold harmless Mount Aetna Bible Church, its employees and volunteer staff for any injury or illness to my child or damage to his/her property resulting from participation in youth or children's activities.

Medical Treatment Permission:

In the case of injury or illness, the Approved Adult leaders are authorized to render emergency first aid and/or seek all necessary medical attention. In such cases, I understand that I will be notified as soon as possible. I agree to pay all costs and expenses incurred in connection with such medical services rendered.

Behavior Expectations:

I understand MABC has general guidelines of behavior with which my child is expected to comply. I will assume all transportation costs for my child to return home if problems occur.

Signature of Parent or Guardian _____ Date _____