

✍ (All sections must be signed by both parents/legal guardians if student is under the age of 18, otherwise those signatures may be omitted and signed by student only) ✍

## SECTION 1: RELEASE OF LIABILITY / CONSENT FORM FOR FALL 2020 THROUGH SUMMER 2021 MINISTRY ACTIVITIES

I, \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_, hereby acknowledge that I have voluntarily decided to participate in DRAMA Ministry's events and activities from September 1, 2020 through August 31, 2021. As consideration for being permitted by DRAMA Ministry to participate in these activities, I hereby agree that I, my parents, guardians, representatives and assigns will not make a claim against DRAMA Ministry or any of its affiliated organizations, employees or representatives, for injury or damage to my person or caused, by an employee, agent, representative or contractor of DRAMA Ministry or its affiliated, as a result of my participation in any DRAMA Ministry activities. These activities include but are not limited to weekly practices, transportation and participation in regular outreach events, community service and social gatherings. In addition, I hereby release and discharge DRAMA Ministry and its affiliated organizations, employees, agents and representatives from all claims, actions or demands I, my parents, guardians, representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these activities.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN DRAMA MINISTRY AND MYSELF, AND I SIGN IT OF MY OWN FREE WILL.**

**SIGNATURES:**

SIGNATURE OF STUDENT 1: \_\_\_\_\_ DATED: \_\_\_\_\_

SIGNATURE OF STUDENT 2: \_\_\_\_\_ DATED: \_\_\_\_\_

SIGNATURE OF STUDENT 3: \_\_\_\_\_ DATED: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATED: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATED: \_\_\_\_\_

## SECTION 2: PARENTAL PERMISSION TO TRAVEL

I, \_\_\_\_\_, AND I,  
\_\_\_\_\_, PARENT OR GUARDIAN OF  
\_\_\_\_\_, AND

\_\_\_\_\_, AGREE TO ALLOW MY CHILD TO PARTICIPATE IN THE 2020-2021 TRIPS OF DRAMA MINISTRY. **I UNDERSTAND THAT THIS INCLUDES PERMISSION FOR THEM TO TRAVEL ACROSS STATE AND NATIONAL BORDERS.**

FATHER'S SIGNATURE: \_\_\_\_\_

MOTHER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Before me, \_\_\_\_\_, a notary public, on this day personally appeared \_\_\_\_\_

\_\_\_\_\_, personally known by me or proved to me through presentation of \_\_\_\_\_ to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of notary

### SECTION 3: AUTHORIZATION FOR TREATMENT

The following is a legal document that will authorize any treatment necessary during September 1, 2020 through August 31, 2021 activities with *DRAMA Ministry*. Please read this very carefully, sign in the appropriate places and make sure that parents or guardians sign for all minors.

I, or (we) the undersigned parent(s) or legal guardians of, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act; or a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from this state's Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the underwritten prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date *Student 1's Signature for Medical Release*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date *Student 2's Signature for Medical Release*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date *Student 3's Signature for Medical Release*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date *Guardian or Father's Signature for Medical Release*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date *Guardian or Mother's Signature for Medical Release*

Telephone numbers of parents/guardians, or significant party in case of emergency:

Father: \_\_\_\_\_ Home: \_\_\_\_/\_\_\_\_ - \_\_\_\_ Work: \_\_\_\_/\_\_\_\_ - \_\_\_\_

Mother: \_\_\_\_\_ Home: \_\_\_\_/\_\_\_\_ - \_\_\_\_ Work: \_\_\_\_/\_\_\_\_ - \_\_\_\_

Guardian: \_\_\_\_\_ Home: \_\_\_\_/\_\_\_\_ - \_\_\_\_ Work: \_\_\_\_/\_\_\_\_ - \_\_\_\_

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_ - \_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_ - \_\_\_\_

Does your child have any allergies, medical diagnoses or medication needs? If yes, please list them on page 3.

### SECTION 4: VERIFICATION OF INSURANCE COVERAGE

DRAMA Ministry cannot be responsible for payment of any medical costs (personal or accidental) that you may incur while participating in these 2020-2021 activities, so please complete the following section with the appropriate information if it is available. DRAMA Ministry does have travel insurance for the trip but concerns beyond that would require your personal insurance information.

Name(s): \_\_\_\_\_

Social Security #(s): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy or group #: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have read the above information and I understand that DRAMA Ministry is not responsible for my medical expenses and that I am encouraged to supply my own medical insurance for this event of DRAMA Ministry.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date *Student 1's Signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date *Student 2's Signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date *Student 3's Signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date *Guardian or Father's Signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date *Guardian or Mother's Signature*

**If not all students have the same insurance, attach a separate paper with the insurance details for each.**

**MEDICAL DIAGNOSES FOR STUDENT 1**

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**MEDICATIONS AND THEIR DOSAGE SCHEDULE FOR STUDENT 1**

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**ALLERGIES FOR STUDENT 1**

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**MEDICAL DIAGNOSES FOR STUDENT 2**

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**MEDICATIONS AND THEIR DOSAGE SCHEDULE FOR STUDENT 2**

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**ALLERGIES FOR STUDENT 2**

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**MEDICAL DIAGNOSES FOR STUDENT 3**

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**MEDICATIONS AND THEIR DOSAGE SCHEDULE FOR STUDENT 3**

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**ALLERGIES FOR STUDENT 3**

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