



Mosaic Underground 2020 Event Waiver Form

General Information:

Name of Parents/Guardian: _____

Address _____

City: _____ State: _____ Zip Code: _____

Contact Information:

Home Phone: _____

Cell Phone: _____ Belongs to: _____

Cell Phone: _____ Belongs to: _____

Emergency Contact(s) other than parent:

Name: _____ Phone # _____

Name: _____ Phone # _____

Website/Media Release:

_____ I DO _____ I DO NOT give Mosaic Church permission to post photos/videos that include my child(ren) on the church website, Social Media, or any other media productions that may be used at church events. I realize that only first names will be used.

Emergency Medical Care Instructions:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____ Phone: _____

_____ If family physician(s) cannot be reached, **I HEREBY AUTHORIZE** my child to be treated by Certified Emergency Personnel.

_____ **I DO NOT** give my consent for emergency medical treatment. In the event of an emergency, I wish the church authorities to take the following action:

Note: Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church related activity.

Does your child have health insurance? __ No __ Yes

Name of insurance provider _____ policy # _____

Address of insurance provider _____

Medical Release: In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter, as deemed necessary.

Liability Release: Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parents or guardian agree to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold Mosaic at Park Avenue Baptist or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor(s) listed on this form and the signature is for both a medical and liability release.

Parent of Guardian Signature: _____ **Date:** _____

Signing here confirms that all insurance and medical information is current.

Student Information:

Student Name #1: _____ Date of Birth: _____

Male: _____ Female: _____ School Attending: _____ Grade: _____

City: _____ State: _____ Zip Code: _____

Allergies _____

Relevant Medical History _____

Activity Restrictions No Yes If yes, please explain

Does your child carry any medications with him/her? Yes: No:

If yes, please list: _____

****For church trips or camps all medication must be sent in the original pharmacy container and in the possession of an adult chaperone.****

Does your child have any medical, physical, emotional, mental or behavioral concerns/limitations that our staff should be aware of? Yes No If yes, please explain:

Students Name #2: _____ Date of Birth: _____

Male: _____ Female: _____ School Attending: _____ Grade: _____

City: _____ State: _____ Zip Code: _____

Allergies _____

Relevant Medical History _____

Activity Restrictions No Yes If yes, please explain

Does your child carry any medications with him/her? Yes: No:

If yes, please list: _____

****For church trips or camps all medication must be sent in the original pharmacy container and in the possession of an adult chaperone.****

Does your child have any medical, physical, emotional, mental or behavioral concerns/limitations that our staff should be aware of? Yes No If yes, please explain:

Students Name #3: _____ Date of Birth: _____

Male: _____ Female: _____ School Attending: _____ Grade: _____

City: _____ State: _____ Zip Code: _____

Allergies _____

Relevant Medical History _____

Activity Restrictions No Yes If yes, please explain

Does your child carry any medications with him/her? Yes: No:

If yes, please list: _____

****For church trips or camps all medication must be sent in the original pharmacy container and in the possession of an adult chaperone.****

Does your child have any medical, physical, emotional, mental or behavioral concerns/limitations that our staff should be aware of? Yes No If yes, please explain:

Students Name #4: _____ Date of Birth: _____

Male: _____ Female: _____ School Attending: _____ Grade: _____

City: _____ State: _____ Zip Code: _____

Allergies _____

Relevant Medical History _____

Activity Restrictions No Yes If yes, please explain

Does your child carry any medications with him/her? Yes: No:

If yes, please list: _____

****For church trips or camps all medication must be sent in the original pharmacy container and in the possession of an adult chaperone.****

Does your child have any medical, physical, emotional, mental or behavioral concerns/limitations that our staff should be aware of? Yes No If yes, please explain:
