



1330 Poinsettia Lane * Carlsbad CA 92011 * Phone: 760.929.0029 * FAX: 760.929.0619

Minor Missions Trip Parent or Guardian of a Minor Consent Waiver and Liability Release Form

Name of Activity: _____ Date: _____

Child's Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____

Phone Number: _____

I, _____ [PRINTED NAME OF PARENT/GUARDIAN], being the parent or
Legal guardian of _____ [PRINTED NAME OF MINOR], have been
informed of the above activity sponsored by NORTH COAST CALVARY CHAPEL and hereby give
my consent for my minor child to participate in this activity.

I understand that the leaders of this activity will take all reasonable safety precautions and that the
possibility of an unforeseen hazard does exist. I further agree not to hold NORTH COAST
CALVARY CHAPEL, its trustees, officers, directors, employees, agents or representatives, liable for
legal and monetary expenses, personal or public property loss or damage, injury, harm, or death,
to include terrorism, kidnapping, ransom, and extortion incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities:

Signature of Parent/Guardian: _____ Date: _____



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Parent or Guardian Consent to Treat a Minor

Being the parent or legal guardian of _____ [MINOR’S PRINTED NAME], I _____ [PARENT/GUARDIAN’S PRINTED NAME] do consent to any X-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Minor’s Date of Birth: _____

Signature of Parent/Guardian: _____ Date: _____