



PARENTAL CONSENT FORM

[JANUARY 2021-DECEMBER 2021]

Harvest Bible Chapel
P.O. Box 7158
Traverse City, MI 49696
(231) 943-1021
aray@harvesttraversecity.org

Office Use Only - Confidential

Initial _____

Date _____

Name _____ Male ☐ Female ☐ Age _____ Birth date _____

Address _____ Home Phone (____) _____

City/State/Zip: _____

School _____ Grade _____

Father Work Phone (not home phone) (____) _____ Father Cell Phone (____) _____

Mother Work Phone (not home phone) (____) _____ Mother Cell Phone (____) _____

Parent E-mail: _____

☐ Does not attend Harvest Bible Chapel, but is a guest of _____

*I/we give parental consent for the above named child to attend and participate in the various activities sponsored by the student ministry leaders of Harvest Bible Chapel Traverse City. I/we also give permission for our child to ride in any vehicle designated by the student ministry leader to whose care the minor has been entrusted while attending and participating in various activities during the months of **January 2021-December 2021**.*

In the event that he or she is injured while under the care of Harvest Bible Chapel Traverse City and its representatives and requires the attention of a doctor, I/we hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, Harvest Bible Chapel Traverse City and its representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the events and do hereby release Harvest Bible Chapel Traverse City and its representatives from any liability due to accident or injury incurred by my child.

All students and family members attending student events hosted by Harvest Bible Chapel give consent that any images or likenesses of students or family members may be used for promotional purposes or in promotional materials for Harvest Bible Chapel or its ministries.

Name of Parent or Guardian: PLEASE PRINT _____

(Only one signature required)

Father/Legal Guardian Signature _____ Date _____ Mother/Legal Guardian Signature _____ Date _____

Medical Insurance Co. _____ Policy # _____

Family Doctor _____ Doctor's Phone (____) _____

Medications/Allergies/Illnesses/Instructions _____

Emergency Contact if parents can't be reached _____

Emergency Contact Phone (____) _____