





ACTIVITY PERMISSION FORM

WE ARE EXCITED TO INVITE YOUR CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITY PROVIDED BY KOINONIA MINISTRIES LOCATED AT 4402 DIXIE LANE IN MALAGA WASHINGTON. PLEASE READ THE FOLLOWING DETAILS AND SIGN BELOW TO GRANT PERMISSION FOR YOUR CHILD TO PARTICIPATE.

EVENT DETAILS:

EVENT NAME:

DATE AND TIME:

LOCATION: 4402 DIXIE LANE IN MALAGA WA

ACTIVITIES:

TRANSPORTATION:

PARENTS ARE RESPONSIBLE FOR TRANSPORTATION TO AND FROM THE EVENT.

SUPERVISION:

TRAINED ADULTS AND VOLUNTEERS WILL SUPERVISE THE EVENT TO ENSURE THE SAFETY AND WELL-BEING OF ALL PARTICIPANTS.

SPECIAL INSTRUCTIONS:

EMERGENCY CONTACT:

IN CASE OF EMERGENCY, WE WILL ATTEMPT TO CONTACT YOU USING THE INFORMATION PROVIDED BELOW. IF WE ARE UNABLE TO REACH YOU, WE MAY SEEK NECESSARY MEDICAL TREATMENT FOR YOUR CHILD.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

PARENT/GUARDIAN NAME: _____

RELATIONSHIP TO CHILD: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CHILD INFORMATION

CHILD'S NAME: _____ **AGE:** _____

I, _____, GIVE PERMISSION FOR MY CHILD LISTED ABOVE TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I UNDERSTAND THAT REASONABLE PRECAUTIONS WILL BE TAKEN TO ENSURE THE SAFETY OF ALL PARTICIPANTS. IN THE EVENT OF INJURY OR ILLNESS, I AUTHORIZE THE EVENT ORGANIZERS TO OBTAIN NECESSARY MEDICAL TREATMENT FOR MY CHILD. I ACKNOWLEDGE THAT PARTICIPATION IN THIS EVENT INVOLVES INHERENT RISKS, AND I RELEASE [ORGANIZING ENTITY], ITS EMPLOYEES, VOLUNTEERS, AND AGENTS FROM ANY LIABILITY FOR INJURIES OR DAMAGES ARISING FROM MY CHILD'S PARTICIPATION IN THE EVENT, EXCEPT IN CASES OF GROSS NEGLIGENCE OR WILLFUL MISCONDUCT.



PHOTO RELEASE FORM

I, _____, HEREBY GRANT KOINOIA MINISTRIES, LOCATED AT 4402 DIXIE LN, MALAGA, WA THE IRREVOCABLE AND UNRESTRICTED RIGHT TO USE AND PUBLISH PHOTOGRAPHS AND/OR VIDEOS OF MY MINOR CHILD, _____ DURING CHURCH-RELATED ACTIVITIES, FOR USE IN PROMOTIONAL MATERIALS, PUBLICATIONS, WEBSITE CONTENT, AND SOCIAL MEDIA OWNED OR MANAGED BY KOINOIA MINISTRIES. I UNDERSTAND AND AGREE THAT THESE PHOTOGRAPHS AND/OR VIDEOS MAY BE USED WITHOUT FURTHER NOTIFICATION OR COMPENSATION TO ME OR MY CHILD. I WAIVE ANY RIGHT TO INSPECT OR APPROVE THE FINISHED PHOTOGRAPHS AND/OR VIDEOS OR THE ADVERTISING COPY OR PRINTED MATTER THAT MAY BE USED IN CONNECTION WITH THEM. I RELEASE AND DISCHARGE KOINOIA MINISTRIES ITS EMPLOYEES, VOLUNTEERS, AND LEGAL REPRESENTATIVES FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT I MAY HAVE AGAINST THEM ARISING OUT OF OR IN CONNECTION WITH THE USE OF SAID PHOTOGRAPHS AND/OR VIDEOS, INCLUDING BUT NOT LIMITED TO ANY CLAIMS FOR DEFAMATION, INVASION OF PRIVACY, OR INFRINGEMENT OF MORAL RIGHTS. I AM THE LEGAL GUARDIAN AND COMPETENT TO CONTRACT ON BEHALF OF MY MINOR CHILD. I HAVE READ THIS RELEASE BEFORE SIGNING BELOW, AND I FULLY UNDERSTAND THE CONTENTS, MEANING, AND IMPACT OF THIS RELEASE.

Parent / Guardian name: _____

Contact Number: _____

Child Name: _____

Date: _____

I acknowledge the terms and conditions of this release form.

Parent Signature

Koinonia Ministries



HEALTH RECORD

Child Name: _____

Medication List			
Route	Medication Name	Frequency	Use
<i>Example: Mouth</i>	<i>Albuterol</i>	<i>1-2 puffs daily every 6 hrs as needed</i>	<i>Asthma</i>

Allergy List	
Name:	Reaction
<i>EX: Bee Stings</i>	<i>Hives / Body Rash</i>

Emergency Medical Treatment Consent Release

I, _____, hereby authorize emergency medical treatment for _____ in the event of a medical emergency where it is impractical or impossible to obtain my consent. This authorization includes but is not limited to medical assessments, procedures, and treatments deemed necessary by qualified medical professionals. I understand and acknowledge that every effort will be made to contact me, or the emergency contact listed above before any medical treatment is administered. However, I agree that if a delay in treatment could endanger my child's life or result in permanent harm, medical treatment may proceed without my prior consent. I release Koinonia Ministries and any medical staff from any liability related to the provision of emergency medical treatment to my child under this authorization.