

Illinois Conference 2018 Annual Celebration
Friday, June 8 through Saturday, June 9, 2018
Elmhurst College, Elmhurst Illinois

PARENTAL CONSENT FORM

The undersigned hereby gives permission for (youth name) _____
to attend all scheduled annual celebration youth programs. By signing this consent I understand that I will
not hold the Illinois Conference or its local churches that own vehicles being used, responsible for any
injuries, loss of life or damages that would occur while being transported.

I hereby give permission and authorize all emergency medical services, area hospitals, medical staff
personnel, and adult chaperones to have access to information provided towards medical care, tests,
treatment and necessary transportation advisable for the health of my child. I acknowledge that there are
no representations, warranties or guarantees as to result or cures will be made. I hereby give permission
to medical staff to secure and administer treatment, including, hospitalization for my child named above,
until my arrival when I can make the necessary decisions on my child's behalf.

Contact Information:

Parent/Legal Guardian _____

Home Address: _____

City, State, Zip Code: _____

Home phone: _____ Cell phone: _____

In Case of Emergency and Parent can't be found contact the following:

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Insurance and Healthcare Provider:

Health Insurance Company: _____

Policy/Member #: _____ Group/Policy #: _____

Physician's Name: _____ Phone: _____

Does your child have allergies we should know about? ___ Please list: _____

Photo Release:

I hereby give the Illinois Conference of the United Church of Christ permission to copyright and/or use,
reuse and/or publish and/or republish pictures or images of my minor for the purpose of illustration,
advertising, and promoting the Conference through any medium.

I acknowledge having read and understood the above consent form on this date: _____, 2018

Parent/Legal Guardian Signature: _____