



First Presbyterian Church
of Arlington Heights

Minor Participation Authorization and Consent to Emergency Medical Treatment

I, the undersigned, certify that I am the parent or legal guardian of _____
(hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following small group activity
_____ (hereafter the "group activity") from the month of
_____, 20__ through the month of _____, 20__.

I recognize that there are risks involved in participating in this group activity and hereby assume
all risk of injury, harm, damage, or death to my minor child in connection with his/her
participation in this group activity.

To the fullest extent permitted by law, I release First Presbyterian Church of Arlington Heights
(hereafter the "First Presbyterian Church"), its trustees, officers, directors, employees, agents
and representatives from any injury, harm, damage or death which may occur to my minor child
while participating in the group activity and agree to save and hold harmless First Presbyterian
Church, its trustees, officers, directors, employees, agents and representatives from any claims
arising out of my minor child's participation in the group activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical,
surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor
child. I understand that efforts will be made to contact me prior to treatment but, in the event I
cannot be reached in an emergency, I give permission to the group activity leader to make the
decisions necessary for treatment. Should there be no group activity leader available, I give
permission to the attending physician to treat my minor child. As parent or legal guardian, I
understand that 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 medical, dental, or hospital care or
treatment that is given to my minor child. Any insurance policy of the church or organization
sponsoring this event will be used as the secondary coverage.

Executed this ____ day of _____, 20__.

Signature _____

Printed Name _____