

VIRALFAITH

STUDENT MINISTRY

SUMMER 2024 PARENT/GUARDIAN CONSENT FORM

I, _____, am the **parent or legal guardian** of _____
(hereinafter "my child"), and I hereby consent for my child to attend and participate in the following church-sponsored activities with Seaside Community Church of Seaside, California (check all that apply):

- Event:** Trip to **Golfland** (Miniature Golf, Arcade Games, & Waterslides) in San Jose, California.
Date: Saturday, July 13, 2024.
Departure time: 10am from the Oldemeyer Center parking lot (986 Hilby Avenue in Seaside, 93955)
Return time estimate: 4:30pm (returning to Oldemeyer Center Parking Lot)
Cost: FREE with this signed permission slip submitted to Pastor Matt or Amy Abbott by 6/6/24 at 9pm.
or \$20 per student, due with permission slip submitted between 6/7/24 - 6/20/24
or \$40 per student, due with permission slip submitted 6/14/24 – 6/20/24
- Event:** Trip to **Six Flags Discovery Kingdom** (Roller Coasters & Wild Animal Park) in Vallejo, California.
Date: Saturday, July 27th, 2024.
Departure time: 9:00am from the Oldemeyer Center parking lot (986 Hilby Avenue in Seaside, 93955).
Return time estimate: 8:00pm (returning to Oldemeyer Center Parking lot)
Cost: FREE with this signed permission slip submitted to Pastor Matt or Amy Abbott by 6/6/24 at 9pm.
or \$22 per student, due with permission slip submitted between 6/7/24 - 6/13/24.
or \$55 per student, due with permission slip submitted 6/14/24 – 6/20/24.
- Event:** "Summer Worship Nights" Concert (Phil Wickham & Brandon Lake) at the Oakland Arena.
Date: Friday, August 23, 2024.
Departure time: 4:30pm from the Oldemeyer Center parking lot (986 Hilby Avenue in Seaside, 93955).
Return time estimate: 1:00am (returning to Oldemeyer Center Parking Lot)
Cost: FREE with this signed permission slip submitted to Pastor Matt or Amy Abbott by 6/6/24 at 9pm.
or \$15 per student, due with permission slip submitted between 6/7/24 - 6/13/24.
or \$30 per student, due with permission slip submitted 6/14/24 – 6/20/24.

Should an emergency occur in which my child requires medical assistance while participating in the above-listed activities/events, I additionally consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician or surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis, or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

(Continued on back)

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to, and agreement to pay for, the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that the law requires no consent from any other person.

Please note the following information in case of an emergency:

Known Food or Drug Allergies: _____

Medical Insurance Company/Policy #: _____

Telephone Number Where Parent/Guardian Can Be Reached: _____

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent or Guardian: _____