

**GOESSEL AREA WIDE JUNIOR HIGH  
PARENT CONSENT FORM  
2009-2010**

Name of Student \_\_\_\_\_  
Address \_\_\_\_\_  
Parent's Name(s) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

***Medical Information***

Doctor's Name \_\_\_\_\_  
Doctor's Phone No. \_\_\_\_\_  
List any allergies or special medical problems your child may have \_\_\_\_\_  
\_\_\_\_\_

***Insurance Information***

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

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**RELEASE AND WAIVER OF LIABILITY**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Goessel Area Wide Junior High, Alexanderwohl Mennonite Church, Goessel Mennonite Church and Tabor Mennonite Church of any liability against personal losses of named child.

I / We the undersigned have legal custody of the student named above, a minor, and have given our consent for him / her to attend events being organized by the Goessel Area Wide Junior High. I / We understand that there are inherent risks involved in any ministry or athletic event, and I / we hereby release the entities hereinabove named, their pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my / our child's involvement whether or not such parties are negligent. In the event that he / she is injured and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and / or hospital personnel designated by the Goessel Area Wide Junior High, I / we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I / We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I / we affirm that the health insurance information provided above is accurate at this date and will, to the best of my / our knowledge, still be in force for the student named above. I / we also agree to bring my / our child home at my / our own expense should they become ill or if deemed necessary due to disciplinary action or other reasons.

I understand that in the event medical treatment is needed, every attempt will be made to contact immediately the persons listed on this form.

***Transportation***

The undersigned gives permission for their son / daughter to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Goessel Area Wide Junior High.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date