

# DNOW SAMPLE FORM

## PERMISSION TO TREAT–EXEMPTION FORM

A RESOURCE BY:



## PURPOSE

Most churches require a form providing parental consent to medically treat a child/release from liability. This form is a sample of a form that provides for both of these needs. It includes an example of where the form could be notarized.

We're pumped to offer you this sample document. But, our lawyers need us to say the following stuff to you (Sorry!):

*This document is a **SAMPLE** document.*

*Its intended purpose is to provide you with a sample form to use as a basis to craft your own form.*

*DNow Studies is not offering this sample as a legally binding document. Should you intend to utilize this sample to craft your permission form, we strongly advise you to show this document to your church leadership or legal council to account for any specific legal or ethical considerations specific to your church.*

*By offering this document as a sample, neither DNow Online, DNow Studies, LeaderTreks, nor youthministry360 is liable to any legal claim made by any party. We make no statement that the sample permission form offered will protect you from liability, in any form, should you find yourself in litigation. Again, it's merely a sample to be used as a start in crafting a unique form suitable to your church's specific needs.*

## Whew . . . Glad that's over with!

Now, head over to the next page to see a great sample of a Permission To Treat–Exemption Form.

You'll want to make sure you:

- Place your **CHURCH NAME** where it's called for
- Insert the **NAME** and **DATE** of your DNow or Retreat Weekend
- Drop in any church- or event-specific artwork you may want to include

### CUSTOMIZE THIS FORM

Scan the QR Code for instant access to our Canva Template.



# PERMISSION TO TREAT-EXEMPTION FORM

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As the parent (or legal guardian), I undersigned, certify that my child, named below, has my express permission to participate in all activities, of any nature, sponsored by **[INSERT CHURCH NAME]** for the duration of the weekend of the following event: **[INSERT EVENT NAME AND DATE]**.

Knowing that **[INSERT CHURCH NAME]** will always seek to act responsibly, I fully release **[INSERT CHURCH NAME]**, its authorized representatives, and staff from all liability of any kind and character upon any claim, demand, or cause of action, which might be asserted on our behalf against said church, representatives, or staff.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church leaders to seek the care of a doctor or other healthcare professional, and I give my permission to the doctor or other healthcare professional to provide the medical services he or she may deem necessary. I understand I will be responsible for any medical expenses. I will notify the church leaders if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for the church leaders to restrict my child from participation in any activity about which they have any hesitation due to health or other reasons.

By signing this document I also acknowledge that my child's photographs may be used in any responsible fashion by **[INSERT CHURCH NAME]**, in its sole discretion, including but not limited to publications, videos, and websites. Please check the box that applies:

Yes, you may use my child's photographs

No, you may not use my child's photographs

\_\_\_\_\_  
**Name of Child**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date Signed**

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*Notary Seal*

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to before me on this:  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_