

NORTHSIDE CHRISTIAN CHURCH YOUTH ACTIVITIES CONSENT FORM 2019

Name of youth _____ Birth date _____
Name of parent(s) or guardian(s) _____
Address _____
Home telephone _____ Work telephone _____
Other person and/or number to call in emergency _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication? Yes No

If yes, please explain. _____

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

- | | | |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Seizure Disorders |

Please explain. _____

Does your youth ever sleepwalk? Yes No

Does your youth have any allergies? Yes No If yes, please list _____

Do we have permission to give your child OTC (over the counter) medication i.e. Tylenol if they ask for it?

Yes No

Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No If yes, please explain _____

Family Doctor: _____
Insurance Co.: _____

Doctor's Telephone: _____
Policy No.: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Northside Christian Church, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: _____, _____, another adult chaperone designated by the pastor, and _____. (**Note to Parent:** you may add or delete a name as desired.) I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Northside Christian Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth director in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

Signature of Parent or Guardian

Date

Youth Pledge

I hereby pledge to uphold all policies of the Youth Department of Northside Christian Church. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

Signature of Parent or Guardian

Date

TRANSPORTATION RELEASE

Applies to students only

I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle.

Initial _____

DISCIPLINE RELEASE

Applies to students only

In the event of misconduct, I authorize the staff to send my student home at my expense.

Initial _____

INSURANCE RELEASE

Applies to all traveling

I realize the church insurance begins where the individual health and accident policy terminates. It is only valid when all other insurance has been extended to its limits.

PERSONAL BELONGINGS RELEASE

Applies to all traveling

I realize that the church or its sponsors are not responsible for personal belongings.

Initial _____

GENERAL RELEASE

Applies to all traveling

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it's officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

I, _____, being the legal guardian of _____ give my permission for him/her to participate in church sponsored activities.

Date _____

Parent / Guardian's Signature _____