

2024 Hwy 231 South Church of Christ Youth Ministry Permission Form

YOUTH INFORMATION						
Name	Grade	DOB Male/Female				
Nickname	School:					
Primary Address:						
Secondary Address:						
	Youth Cell Phone					
Email(s)		reached (type: i.e. home, cell)				
Name	#					
Name	##					
YOUTH EMERGENCY CONTA	<u>ACT</u>					
Name	#	Relation?				
Name	#	Relation?				

PARENTAL CONSENT

The undersigned does hereby give permission for my child ______ (child's name)("Participant"), to attend and participate in any Hwy 231 Church of Christ children/youth ministry activities, events, retreats and childcare during the period of July 1, 2023-July 1, 2024

LIABILITY RELEASE: In consideration of Hwy 231 Church of Christ allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Hwy 231 Church of Christ, its ministers, leadership, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I the parent or legal guardian of

this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability loss, damage or cost and including court cost and attorney fees sustained by said Church as the result of the negligent, willful or intentional acts of said Participant or Hwy 231 Church of Christ including expenses incurred attending thereto, I farther agree not to make claim of any kind against Hwy 231 Church of Christ or the church for any such loss, property damage, or personal injury.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned participant to this authorization.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Hwy 231 Church of Christ. Participant and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

	X	
Name of youth participant	Signature of youth participant	Date
	X	
Name of parent/guardian	Signature of parent/guardi	an Date
M	EDICAL INFORMATIO	N
YOUTH INFORMATION (Please I Youth Full Name	Print)Nick	aname Home
Address		Home Phone
	DOB	
PARENT/GUARDIAN CONTACT	INFORMATION	
Parent/Guardian Name(s):		
List all parent/guardian contact phone	e numbers in best order to be reached:	
NON-PARENT/GUARDIAN EME	RGENCY CONTACTS	
Name:	Relation:	
Phone(s):		
PRIMARY CARE PHYSICIAN		
Name:		
	Fax:	
Name of practice:		
Date of last Tetanus shot (required)		
INSURANCE INFORMATION		
Medical Insurance Company:	Phone:	Policy/Grou

			Policy Ho	lder's Name	
y of medic	al insurance card he	ere.			
iption med IEDICAT s before th	ications, herbal sup IONS to the adult he start of the even	pplements and vita youth leader in tl t. Youth are not p	mins. Any participant und heir original containers v permitted to carry any p	ler the age of 18 is with complete rescription or	
Dose	Treatment for	Dispens	Dispensing instructions		
5mg	Seasonal allergie	s Take on	Take one pill daily in the morning with food		
eeded and ital visit su le at a your or get med mission for as needed be	as directed on the lach as a minor head th ministry event? dical help if my chi an adult youth lead asis to treat non-en	abel, to treat non-eache, stomachache ld has any minor reer to give my child hergency medical eachers.	emergency medical condition, or allergic reaction (i.e. medical concerns. d approved over-the-councenditions.	tions that do not Tylenol, Advil,	
ets F	ish / Shellfish	Eggs	Milk		
C	luten	Nuts	Bee Stings		
:					
	youth will iption med IEDICATI s before the cation and Italian Pose 5mg Italian Pose 1 mission for italian since the cation and italian since the cation for its needed be 1 mission for its needed be	youth will take during any yo iption medications, herbal supplied in the even cation and will be sent home bose Treatment for Smg Seasonal allergie dication Permission: Do you eeded and as directed on the laital visit such as a minor head le at a youth ministry event? For get medical help if my chies or get my chies or get my chies or get my chies	youth will take during any youth ministry trips, iption medications, herbal supplements and vita IEDICATIONS to the adult youth leader in the before the start of the event. Youth are not posterior and will be sent home at the parent/guents and will be sent home at the parent/guents and will be sent home at the parent/guents and allergies and allergies are one of the edge of the start of the event. Youth are not posterior and will be sent home at the parent/guents and allergies are one of the edge of the e	youth will take during any youth ministry trips, retreats, or events. This is in iption medications, herbal supplements and vitamins. Any participant und iption medications, herbal supplements and vitamins. Any participant und is sefore the start of the event. Youth are not permitted to carry any position and will be sent home at the parent/guardian's expense if they the pose the start of the event. Youth are not permitted to carry any position and will be sent home at the parent/guardian's expense if they the pose the pose that the parent/guardian's expense if they they are the pose that the parent/guardian's expense if they they are the pose that the parent/guardian's expense if they they are the pose that they are t	