

FIRST CHURCH OF GOD - SANTA MARIA

YOUTH PERMISSION SLIP

THIS FORM MUST BE COMPLETED, SIGNED, AND TURNED IN IN ORDER FOR YOU TO PARTICIPATE IN ANY FOURTH-SUNDAY OFF-CAMPUS ACTIVITIES. IF YOU ARE 18 OR OLDER, YOU MAY FILL OUT YOUR OWN.

YOUTH'S NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

EMERGENCY CONTACT PERSON AND PHONE NUMBER

DOCTOR'S NAME AND PHONE NUMBER

HEALTH INSURANCE COMPANY AND POLICY NUMBER

I do hereby release, forever discharge, and agree to hold harmless First Church of God and its staff, directors, and youth sponsors from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child that occur while said child is participating in any trip or activity of First Church of God. Furthermore, I assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to First Church of God to furnish any necessary transportation, food, and lodging for my child. I give permission for my child 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 First Church of God. The undersigned further hereby agrees to hold harmless and indemnify First Church of God and its staff, directors, and youth sponsors from any liability sustained as the result of negligent, willful, or intentional acts of my child, including expenses incurred attendant thereto.

I hereby grant my permission for my child to participate in any fourth-Sunday off-campus activities, and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs and responsibilities.

SIGNED _____ DATE _____
(parent or guardian)

Please list any allergies, medications being taken, medical problems, or other pertinent information. Please also list any restrictions which should be placed upon the above youth:

