

YOUTH ACTIVITIES CONSENT FORM 2011-2012

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

Medical Information

Is your youth presently being treated for an injury or sickness? Yes _____ No _____
If yes, please explain:

Is your youth currently taking any medication? Yes _____ No _____
If yes, please list all current medications:

Does your youth have, or has your youth ever had, any of the following? (Circle and explain below.)

Asthma	Seizure disorders	Food allergies	Other condition
Diabetes	Heart disease	Any other allergies (including medications)	

If yes, please explain:

Does your youth ever sleepwalk? Yes _____ No _____

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:

Insurance Information

Family Doctor _____ Doctor's Telephone _____
Insurance Co. _____ 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 Union Lake Church of the Nazarene, 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 unless otherwise noted. If I wish to revoke this consent for any reason, I will promptly notify Union Lake Church of the Nazarene in writing. To the fullest extent permitted by law, I release Union Lake Church of the Nazarene, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Union Lake Church of the Nazarene, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

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 any of the adult sponsors from Union Lake Church of the Nazarene or any associated organizations to administer medication or health care. 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 Union Lake Church of the Nazarene 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. **Please list any medications you do not wish your child to receive:**

Signature of Parent or Guardian

Date

Youth Pledge

I hereby pledge to uphold all policies of Union Lake church of the Nazarene. 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 Youth

Date