

Silverlake Community Church

Please print in ink

2930 Hyperion Avenue, Los Angeles, California 90027 (323) 663-3151 welcome@silverlakechurch.com

Youth Activity Permission Form

Effective Dates: from _____ to _____

Student's Name _____ Age _____ Birth-date ____/____/____

Address _____
(street) (city) (zip)

Home Phone (____) _____ email _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

- FOR YOUR CHILD'S SAFETY AND OUR KNOWLEDGE, IS YOUR STUDENT A:
 good swimmer fair swimmer non-swimmer
- DOES YOUR CHILD HAVE ALLERGIES TO:
 Pollens medications food insect bites
- DOES YOUR CHILD SUFFER FROM OR EVER EXPERIENCED, OR IS BEING TREATED CURRENTLY FOR ANY OF THE FOLLOWING:
 Asthma diabetes heart trouble epilepsy/seizure disorder
 physical handicap frequently upset stomach
- DATE OF LAST TETANUS SHOT: _____
- DOES YOUR CHILD WEAR: glasses contact lenses
- PLEASE LIST AND EXPLAIN ANY MAJOR ILLNESSES THE CHILD EXPERIENCED DURING THE LAST YEAR:

Activities may include, but are not limited to:

cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth director prior to that event.

Behavior:

We expect each student to conform to these rules of conduct: No possession or use of alcohol, drugs, or tobacco. No students are permitted to drive. No fighting, weapons, fireworks, lighters, or explosives. No offensive or immodest clothing. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with the group is expected. Respect property. Respect one another, staff, and adult leaders. Respect and comply with event schedules.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct and the above evaluation of my health. I agree to abide by the stated personal limitations and code of conduct.

Student Name

Student Signature

____/____/____
M D Y

Emergency Contact Information

Student's Name: _____

Medical Insurance Company: _____

Policy # _____

Mother/Guardian's Name _____

Home: _____ Work: _____ Cell: _____

Father/Guardian's Name _____

Home: _____ Work: _____ Cell: _____

Other Emergency Contact: _____ relationship: _____

Home: _____ Work: _____ Cell: _____

Medical Release

My son/daughter, _____ has my permission to attend all youth activities sponsored by Silverlake Community Church (herein after the "church") from ____/____/____ to ____/____/____ .

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and / or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity.

I hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

ADULT LEADER _____ ADULT LEADER _____