

PARENTAL CONSENT FOR CHURCH YOUTH ACTIVITY

My child, _____, has my permission to participate in _____ on _____.

All trips will be under the supervision of the Directors or Leaders. Transportation will be by cars, vans, buses, trains, planes, or other means necessary deemed appropriate by circumstances. Only those over 21 years of age will be allowed to drive others to and from events.

I agree to direct my child to cooperate and to conform with directions and instructions of the adult personnel in charge of the trip.

Should it be necessary for my child to have medical treatment while participating in this church-sponsored trip, I hereby give the adult personnel permission to use their judgement in obtaining medical services for my child. I give permission to the physician selected by the adult personnel to render medical treatment deemed necessary and appropriate.

All persons participating in church-sponsored activities or trips are deemed to have waived all claims against the Church, and its paid or volunteer workers for injury, accident, illness, or death occurring during, or by reason of, the activity or trip.

I have read and understand the foregoing statement agreeing to assume the responsibility stated and waive all claims as indicated.

A copy of this document carries the same validity as the original. A copy of this signed consent will only be used after a reasonable attempt to reach the parents has been made. If you have any questions, please call Gray Avenue Christian Church at 530- 674-5084.

Signature of Parent/Guardian (please write legibly) _____
Date Signed

Home Phone _____
Parent/Guardian Work Phone _____
Emergency Phone

Medical Insurance Carrier _____
Policy Number _____
Group Number

Dental Insurance Carrier _____
Policy Number _____
Group Number

Please indicate any medical conditions and medications that an attending physician should know:
