

# Harper Church Youth Ministry Permission Slip Form

Effective Dates: July 1, 2019 – June 30, 2020

## YOUTH INFORMATION

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female

Primary Address: \_\_\_\_\_

Youth Email \_\_\_\_\_ School: \_\_\_\_\_

Youth Home Phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

## PARENT/ GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

## MEDICAL INFORMATION

Relevant medical conditions, allergies, dietary needs, etc. \_\_\_\_\_

Primary Care Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_ Phone# \_\_\_\_\_

## PARENTAL CONSENT

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name) ("Participant"), to attend and participate in any Harper Church youth ministry activities, events, and retreats during the period of July 1, 2019 to June 30, 2020.

**LIABILITY RELEASE:** In consideration of Harper Church allowing the Participant to participate in youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips) I, the undersigned, do hereby release, forever discharge and agree to hold harmless Harper Church, its pastors, directors, 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 youth activities and childcare. I the parent or legal guardian of this

Participant hereby grant my permission for the Participant to participate fully in youth ministry activities: 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 sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**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 youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

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

**EXPECTATIONS:** I have read the expectations of all participants of Harper Church Youth Ministry and agree to act in accordance with them.

\_\_\_\_\_ x \_\_\_\_\_  
Name of youth participant                      Signature of youth participant                      Date

\_\_\_\_\_ x \_\_\_\_\_  
Name of parent/guardian                      Signature of parent/guardian                      Date