11120 Oro Vista Ave, Sunland, CA 91040 818-352-1487

YOUTH ACTIVITIES CONSENT FORM

Name of youth_____ Birth date _____

Name of parent(s) or guardian(s) _____
Address_____

Home telephone_____ Work telephone _____

Other person and/or number to call in emergency _____

Medical Information Is your youth presently being treated for an injury or sickness or taking any medication?
♦ Yes ♦ No If yes, please explain.

_____
_____

Does your youth have, or has your youth ever had, any allergies or serious health issues that we should be aware of?
Please explain.

_____
_____

Does your youth ever sleepwalk? ♦ Yes ♦ No Youth's blood type_____ (if known)

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._____
_____

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 **CHAPEL OF THE HILLS** Church, 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. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing. 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 one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: _____, _____, another adult chaperone designated by the pastor, and _____. (Note to Parent: you may add or delete a name as desired.) 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 **CHAPEL OF THE HILLS AND IT'S PAID STAFF OR VOLUNTEERS** 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.

_____ _____
Signature of Parent or Guardian Date

_____
Printed Name of Parent or Guardian