

Consent Form for Life Church of Athens Youth Activities

Name of Youth: _____ DOB: _____

Name of Parent(s) or Guardian(s): _____

Address/City/Zip: _____

Home Phone: _____ Cell Phone: _____

Other emergency contact name and #: _____

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 of the following? (Check and explain below)

Asthma Diabetes Hay Fever Heart Murmur Kidney Disease Seizure Disorder

Please Explain: _____

Does your youth sleepwalk?

Yes No

Does your youth have any physical handicap or illness that would prevent him/her from participating in normal rigorous activity?

Yes No

If yes, please explain: _____

Family Doctor: _____ Doctor's phone#: _____

Insurance Co.: _____ Policy #: _____

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 for Life Church of Athens, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational 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 is otherwise restricted, please specify below:

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 the 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 the behalf of my youth, if required by law or a health care provider: Associate pastor/youth pastor or another adult chaperone designated by the pastor | associate pastor/youth pastor | children's minister. 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 Life Church of Athens will NOT be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the associate pastor/youth pastor in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the associate pastor/youth pastor 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.

I understand that reasonable safety precautions will be taken at all times by Life Church of Athens and its agents during events and activities. I authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Life Church of Athens, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Consent Form

I, the undersigned parent or guardian, give consent for (youths name): _____
to participate in Life Church of Athens activities and give my consent to the following...

Photography Release: I agree that Life Church of Athens shall have the right to photograph my youth on the church website, youth website, and/or other social media pages/groups.

Initial: _____

Transportation Release: I agree that Life Church of Athens shall have permission to transport my youth to and from church sponsored activities in a church van, rental, or private vehicle.

Initial: _____

Insurance Release: I realize that Life Church of Athens insurance begins where our own family and individual health and accident insurance policy terminates. It is only valid when all other insurance has been extended to its limits (as relates to transportation).

Initial: _____

Personal Belongings Release: I realize that neither Life Church of Athens nor its chaperones are responsible for personal belongings. It is at the sole discretion of the owner of the personal belongings to keep up with their whereabouts at all times during events and activities.

Initial: _____

Discipline Release: In the event of misconduct, I authorize Life Church of Athens and the chaperones to send my student home at my expense. The parent or guardian will be notified and arrangements will be made to send the student home.

Initial: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____