Forest Grove UCC

Youth Activity Permission Form & Covenant

Youth Information

Name_____ Birth Date_____ Grade_____
Address _____
Home phone # _____ Cell # _____
Email _____
Parent _____ Parent _____
Home Phone # _____ Home Phone # _____
Cell Phone # _____ Cell Phone # _____
E-mail Address _____ Email Adress _____
Other Emergency Contact Name _____
Other Emergency Contact Phone # _____

Health Information

Physician _____ Phone # _____
Health Insurance Co _____
Are Shots Up to date? YES____ NO____
Any Allergies? _____
Any cover the couter meds that you DO NOT wish to be dispensed to your Youth?
_____
Any other health conditions, restrictions, or concerns of which leaders should be made aware?
_____

Medical Treatment Release

I, _____ being the legal guardian of _____ permission for my child to participate in youth group activities associated with Forest Grove United Church of Christ. I understand that these events will be chaperoned by adult volunteers and/or a church staff member. I will make arrangements for timely transportation home after the given event ends. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or medical facility selected by my child's advisor and/or group leader to secure proper treatment for my child as named above.

Parent Signature_____ Date_____

General Release

I, _____ being the legal guardian of _____ give permission for my youth to be transported to and from church sponsored activites in a church, rental, or privare vehicle. The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, its officers, directors, employees, agents,, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses, or damages of amy kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledges this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

Parent Signature_____ Date_____

I hereby give permission to display photographs taken of my child during youth events.

YES_____ NO____ (only first names will used)

Parent Signature_____ Date_____

I hereby give permission to use social media (i.e. Email, texting, Facebook, etc.) to communicate with my child.

Parent Name _____

Parent Signature_____ Date_____