

Collinsville Church of Christ

Youth Activity Permission Form 2007

Student Name _____ Parent Name _____

Emergency Phone Numbers _____

Emergency Contact Person _____

I hereby grant permission for my child _____ to be transported by the Collinsville Church of Christ or one of its sponsors for activities related to youth church activities.

I hereby grant specific permission for my child to participate in Youth Ministry and Church activities for the year 2007.

In case of medical emergency, I understand that every effort will be made to contact me or my emergency contact. If they cannot be reached, I give permission for medical treatment to be secured as is necessary for my child, including hospitalization, injection, anesthesia or surgery as is deemed necessary by a medical facility.

Does your child have any allergies?

Medicines:

Foods:

Anesthesia:

Other:

Reactions:

Insurance provider if any:

Policy #:

I understand that the Collinsville Church of Christ assumes no responsibility for the actions, injuries or illnesses of my child during the participation of above stated activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from participation in Collinsville Church of Christ Youth activities and hold harmless ministers, elders, employees and sponsors of the Collinsville Church of Christ and release all such stated from any and all claims for injury, illness, death, loss or damage which may be suffered during activities.

Signature of Parent/Legal Guardian _____

Date / /

Please print name: