

# LANDMARK CHURCH OF CHRIST YOUTH ACTIVITIES CONSENT / RELEASE FORM

## Identifying and Contact Information

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

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

Best Contact Number(s): \_\_\_\_\_

Other person/number to call in emergency: \_\_\_\_\_

## Medical Information

Is your child presently being treated for an injury or sickness or taking medication? Yes No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Does your child have, or has your child ever had, any of the following? (check all that apply)

Asthma Hay Fever Kidney Disease Diabetes Heart Issues Seizure Disorder

If so, or the major disorder is not listed, please explain: \_\_\_\_\_

\_\_\_\_\_

Child's Blood Type (if known): \_\_\_\_\_ Does your child ever sleepwalk? Yes No

Allergies / Food restrictions?: \_\_\_\_\_

Does your child have a physical handicap/illness that would prevent him/her from participating in normal and/or rigorous physical activity? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Doctor's Telephone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Policy No.: \_\_\_\_\_

## Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named on page one, do hereby consent to the participation of my child in all the scheduled youth activities of the Landmark Church of Christ and any other supervised activities customarily associated with its youth group, including youth devotionals and overnight or weekend youth trips. Further, I certify that my child is physically fit and adequately prepared to participate in all recreational activities and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth minister in writing.

**Note to Parent** - If giving consent for only specific activities, or if this consent is being given with restrictions, 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 child is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider: ***Tyler Redman, Magon Redman, or another adult chaperone*** that has been designated by the youth minister or church staff of the Landmark Church of Christ. In the event that I cannot be reached, I authorize these individuals to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, hospital care, emergency services, etc.

I understand that the Landmark Church of Christ will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth minister of any health changes that would restrict my child's participation in any normal youth activities. I also understand that the youth minister 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 child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Youth Pledge

I hereby pledge to uphold all the rules and expectations of the Youth Ministry of the Landmark Church of Christ. During all youth activities and all youth trips, I pledge to follow all instructions of the youth minister and the adult chaperones, including safety instructions. I further understand that I could be sent home early from youth activities if my behavior warrants such action.

\_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Date