

**SUGAR CREEK PRESBYTERIAN CHURCH, KETTERING, OHIO
YOUTH GROUP PERMISSION FORM & RELEASE OF LIABILITY**

Youth (Full Name): _____ Age: ____ Birthday: __/__/____

Grade: _____ Youth's Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Youth Cell Phone: _____

Medical Insurance Company: _____ Policy # _____

Mother's Name: _____ Phone (Home) _____ (Work) _____ (Cell) _____

Father's name: _____ Phone (Home) _____ (Work) _____ (Cell) _____

Mother's Email: _____ Father's Email: _____

What is the best way to get information to parents? _____

What is the best way to get information to youth? _____

Is Facebook a viable form of communication for parents? YES / NO For youth? YES / NO

Emergency Contact (Other than Mother or Father)

Name: _____ Phone (Home) _____ (Work) _____ (Cell) _____

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Permission Regarding Pictures/Videos

I give my permission for pictures/videos to be taken of my child at Sugar Creek Presbyterian Church functions, to be displayed at the church and/or posted on the church website, in order to promote youth activities.

Parent/Guardian Signature: _____ Date: __/__/____

Parent/Guardian Signature: _____ Date: __/__/____

Youth Signature (if 18 or older and emancipated): _____ Date: __/__/____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff and volunteer staff should be aware, and what, if any action of protection is required on account thereof.

Submit this notification in writing and attach it to this form. Please include names of medications and dosages that must be taken.

Please note the conditions that your child has had. If necessary, add another page with details.

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Frequent Earaches | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Measles | <input type="checkbox"/> Tonsillitis | |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | |

Immunizations, check if current: Diphtheria Measles Mumps Polio

Rubella Whooping Cough Tetanus Date of Last Tetanus Shot ___/___/___

Allergies, please describe:

Food: _____ Medications: _____

Plants: _____ Insects: _____

Other: _____

Any conditions requiring medication? No ___ Yes ___

If Yes, please describe:

Any Physical Limitations? No ___ Yes ___

If Yes, please describe:

Does your child wear?

Glasses ___ Contact Lenses ___ Other _____

Please list and explain any major illnesses your child experienced during last year:

Request for Restriction of Activities

Activities may include, but are not limited to the following: cookouts, swimming, laser tag, football, basketball, roller-skating, various games, soccer, softball, baseball, camping, skiing, hiking, miniature golf, hayrides, Bible studies, camps, mission trips (domestic or international), other travel and various retreats. **Should your child's activities be restricted for any other reason? Please explain below or submit your wishes in writing to the church prior to a specific event:**

Release of Liability & Permission to Seek Medical Treatment

I/we the undersigned have legal custody of the youth named above, a minor (or is 18 years of age or older and emancipated), and have given my/our consent for him/her to attend events being organized by said church, in the transportation provided by the church. I/we understand that there are inherent risks involved in any ministry or associated event, and I/we hereby release said church, its staff, agents, and volunteers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we give permission to the staff or adult volunteers of said church to seek whatever medical attention is deemed necessary and, further, consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by said church, I/we agree to hold said church free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided above, if applicable, is accurate at this date and will, to the best of my/our knowledge, still be in force for the youth named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the staff or volunteers of said church.

Parent/Guardian Signature: _____

Date: __/__/____

Parent/Guardian Signature: _____

Date: __/__/____

Youth Signature (if 18 or older and emancipated): _____

Date: __/__/____

Please submit a copy of the current health insurance policy/card and attach it to this form.