

GRACE BIBLE FELLOWSHIP - YOUTH ACTIVITIES CONSENT FORM

Name of youth _____ Birth date _____
Name of parent(s) or guardian(s) _____
Address _____
Home telephone _____ Work telephone _____
Other person and/or number to call in emergency _____

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? (Please check all that apply.)

- | | | |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Seizure Disorders |

Please explain. _____

Does your youth ever sleepwalk? Yes No

Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No If yes, please explain. _____

Family Doctor: _____ Doctor's Telephone: _____
Insurance Co.: _____ Policy No.: _____

Consent and Certification

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 of Grace Bible Fellowship (Stayton, OR) and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting 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 consent is otherwise restricted, 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 youth is injured or becomes ill. I authorize the adult leaders to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider.

I understand that Grace Bible Fellowship will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth director in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth leader and designated adult leaders reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

Signature of Parent or Guardian

Date

Youth Pledge

I hereby pledge to uphold all policies of the Youth Department of Grace Bible Fellowship. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult leaders, including safety instructions.

Signature of Youth

Date