

Student Information

Student Name: _____

DOB: _____ Age: _____ Grade: _____

Address: _____

Parent/Guardian Name: _____

Best phone: _____

Allergies/Special Health Concerns:

Consent Form

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in the Youth Group, every reasonable effort will be made to contact the persons listed. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to assigned Youth Group Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel).

I, the undersigned, who by law may do so, authorize the administration of emergency medical treatment to s/he who is the subject of this form. I understand that all reasonable safety precautions will be taken at all times by the Youth Group Director or its agent liable for any accident, injury or disease incurred by the subject of this form. I understand that in the event that medical intervention is needed every attempt will be made to contact the person(s) listed immediately.

I, the undersigned, also authorize the participation of the subject of this form in all activities relating to Youth Group Activities. I understand that this form is effective for every Youth Group event/meeting. I understand that it is my responsibility to provide any updates to this information to Aliso Creek Church during my/my child's participation throughout my participation. We, the guardian and the participant, also give Aliso Creek Church permission to use the participant's image in any publication materials that might be used to promote the ministry in the future.

Sign: _____

Date: _____