

Calvary Chapel Antelope Valley Youth Activities Consent

Event: _____

Date: _____

Transportation: _____

Cost: _____

Meals: _____

Recommended Spending Money: _____

Name of youth _____ Birth Date _____

Name of parent(s) or guardian(s) _____

Address _____

Home phone _____ Work phone _____ Cell _____

Other person and/or to call in emergency _____

Youth Cell: _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking 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.)

Asthma

Hay Fever

Kidney Disease

Diabetes

Heart Murmur

Seizure Disorders

Please explain. _____

Does your youth sleep walk. Yes No

Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him/her from participating in normal rigorous activity?

Yes No If yes, please explain. _____

Family Doctor: _____ Doctor's Phone: _____

Insurance Co.: _____ Policy Number: _____

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 schedule youth activities of Calvary Chapel Antelope Valley Church, and any other supervised activities customarily associated with it's 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 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 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 one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: _____, _____, another adult chaperon designated by the pastor, and _____.

(**Note to Parent:** you may add or delete a name as desired.)

I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthesia, medical or surgical diagnosis or treatment and hospital care.

I understand the CCAV 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 chaperons 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 acknowledge to uphold all policies of the Youth Ministry of CCAV during all youth activities and all youth trips. I pledge to follow all instructions of the youth leader and the adult chaperons, including safety instructions.

Signature of Youth _____ Date _____