

CHAOS
PERMISSION/MEDICAL RELEASE FORM
Faith Community Church Student Ministries

By signing this form, you are giving your son/daughter permission to participate in all activities that the Faith Community Youth Group attends.

If your child is in attendance, he/she will be included in the activity as planned. If this form is not on file, your child will not be allowed to participate. Leaders must retain copies of completed forms for all participants when leaving church grounds.

Participant

Name: _____ Sex: _____ Age: _____ Grade: _____ Date of Birth: _____

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

Home Phone#: (____) _____ - _____ Cell Phone #: (____) _____ - _____ Email: _____

I give my permission for my son/daughter (named above) to travel with the Faith Community Youth Group for social outings, service events and retreats. I agree to come and pick up my child if any disciplinary problems arise. In the event of an emergency, I hereby authorize one of the adult leaders as agent for me. [To consent to an x-ray examination, medical, dental, or surgical diagnosis. Treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital.] I expect to be contacted as soon as possible.

X _____ X _____ X _____
SIGNATURE OF PARENT/GUARDIAN PRINTED SIGNATURE DATE

Primary Parent to Contact: Father _____ Mother _____ Guardian _____ (check one or number 1-3)

Parent Information:

Parents Name (Father): _____ (Mother): _____
Home Phone (Father): _____ Home Phone (Mother): _____
Work Phone (Father): _____ Work Phone (Mother): _____
Cell Phone (Father): _____ Cell Phone (Mother): _____
Email Address (Father): _____ Email (Mother): _____

Guardian Information:

Name: _____ Home Phone: _____ Work Phone: _____
Cell Phone: (____) _____ - _____ Email Address: _____

Emergency Contacts:

Primary Contact: _____ Relationship to Participant: _____
Phone #'s where can be reached: _____
Backup Contact: _____ Relationship to Participant: _____
Phone #'s where can be reached: _____