

Youth Medical Information & Permission Form

Child's name: _____

Parents Names: (or Legal Guardian) _____

Address: _____ Apt# _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

Parents Email: _____ Email: _____

Grade: _____ Age: _____ Birthday: _____ Male _____ Female _____

HEALTH

Medications & health issues we need to be aware of? _____

Allergies to foods or other: _____

Physical restrictions: _____

Family Physician: _____ Phone _____ Up-to-date vaccines? Yes _____ No _____

PHOTO RELEASE

Do we have your permission to take your child's photo for a project? Yes _____ No _____

Do we have your permission to post your child's photo to our church website? Yes _____ No _____

Do we have your permission to post your child's photo to our church Facebook page? Yes _____ No _____

(no names would be posted)

We (I), as legal guardian (s) of the above child, hereby grant permission for participation in outings and activities of New Hope Christian Center, and give our (my) permission to take the child to a doctor or hospital and authorize medical treatment, including emergency surgery and assume the responsibility of all medical bills.

We (I), release New Hope Christian Center facilities and its directors from all liability for personal injury, sickness or death, property damage and expenses of any nature that occur during an event. We (I) assume all risk and expense as a result of participation.

Further authorization and permission is hereby given to New Hope Christian Center to furnish necessary transportation, food and lodging for this child. The undersigned agree to hold harmless New Hope Christian Center, its directors, employees and agents, for any liability sustained by New Hope Christian Center as a result of the negligence.

I give the staff and leaders of New Hope Christian Center permission to give over the counter medication and administer other treatment if necessary.

Exception: _____

Signature of Parent/Guardian/Adult Responsible : _____ **Date** _____

(Valid for one year from date signed)