

**Somis Community Church Youth Group Parental Permission**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Health Information in case of emergency notify: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Family Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Is your child allergic to any medications, if so, what are they? \_\_\_\_\_

Are there any physical or medical conditions or restrictions? \_\_\_\_\_ If yes, please explain, indicate nature and extent:

I, the natural parent/legal guardian of \_\_\_\_\_ authorize the following:

1. Somis Community Church and it's staff to transport my child to and from related activities of the Youth Group.
2. Somis Community Church and it's staff and/or ambulance service to provide necessary emergency transportation.
3. Somis Community Church and it's staff to provide basic First Aid treatment.
4. Any Physical or the medical staff of a licensed Hospital or Clinic to provide treatment, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis and hospital care as deemed necessary for the safety and welfare of my child until I can be notified. I understand this authorization is given in advance of any treatment being required and that the resulting expenses will be the responsibility of the parent(s) or participant.
5. The release of my child to persons listed as emergency contacts on this form in an emergency, or if I am late picking up my child after church activity. Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I fully understand that my child is to accept all rules and requirements governing conduct during activities. I also understand that there is risk involved with respect to such activities and excursions and will assume responsibility and will indemnify, hold harmless and defend Somis Community Church and it's staff, it's officers, and it's agents against any claim brought on behalf of my minor child in connection with activities. This authorization will remain effective during all activities of this child, unless sooner revoked in writing to said agent. The completed form may be photocopied for trips.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

