

Parental Consent For Youth Ministry Activities

2009–2010

(Please Print) _____ has my permission to participate in any youth event designated by the Pastor or Sponsors of **Cornerstone Church of Yuba City** during **June 1, 2009 through May 31, 2010**.

All trips will be under the **supervision** of a Pastor or the people that he puts in charge. **Transportation** will be by: cars, vans, buses, trains, planes or however deemed appropriate by circumstances. **Only those 21 or older** will be allowed to drive others to and from events.

I agree to direct my child to cooperate and to conform with directions and instructions of the adult personnel in charge of the trip or event.

Should it be necessary for my child to have medical treatment while participating in these trips or events, I hereby give the adult personnel permission to use their judgment in obtaining medical services for my child. I give permission to any licensed medical professional to render medical treatment deemed necessary and appropriate by a physician. All persons making the trip are deemed to have waived all claims against Cornerstone Evangelical Free Church and its' paid or volunteer workers for injury, accident, illness, or death, occurring during, or by reason of, the trip or event.

I have read and understand the foregoing statement agreeing to assume the responsibility stated and waive all claims as indicated. A copy of this document carries the same validity as the original.

Signature of Parent/Guardian

Date Signed

Phone Numbers: _____

(Home)

(Emergency)

The above permission for medical treatment will be used only after reasonable attempt to reach the parent has been made. If you have any questions, please call the church office at 674-3087.

Cornerstone EFC
700 Washington Ave., Yuba City, CA 95991

This form must be turned in before participating in events. Please complete reverse side.

YOUTH MEDICAL INFORMATION

2009 – 2010

(Please Print)

Youth Name: _____

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Male: ___ Female: ___ Birth Date: ___/___/___ Age: ___

Person to Contact in emergency: (other than parent)

Name _____ Phone _____

List Allergies, include insects: _____

Last Tetanus Booster: _____

Physical / Medical Limitations: _____

Family Medical Insurance Company: _____

Policy #: _____

Please circle student's grade in Fall 2009:

7th 8th 9th 10th 11th 12th 13th