

Salem United Church of Christ, Verona, Wisconsin Parent Consent for Youth Activities, 2010-2011

_____, for whom I am parent/guardian, has my permission to attend any and all youth events (for youth in grades 6-12) held by the Salem United Church of Christ, 502 Mark Drive, Verona, Wisconsin, and led by designated church staff, youth ministry and parent volunteers. This consent is valid from 9/2010 through 9/2011.

I am responsible for understanding the details of the events as they are scheduled, and will provide my child with necessary forms, funds, and equipment.

In the event that I cannot be reached immediately and emergency treatment is required, I hereby grant permission for the leaders to secure treatment for the above child and for the attending physician to hospitalize, order injections, anesthesia, or surgery as needed. I also authorize the release of all medical records to the attending physician.

- Aspirin Tylenol Advil (choose one)
may be given as deemed necessary by the youth leader or volunteers
- Permission granted for participation in activities except:

- I have completed in full the health information form on the back of this page to alert leaders to any special medications, restrictions, allergies, medication schedules, or other pertinent information, along with emergency contact information in the event that I cannot be reached. I will inform church staff in writing of any changes in medical information that occur.
- I understand that I may revoke this consent at any time by signing the Revocation of Consent on the back of this page.

In case of emergency, please contact me/us at:

Parent/Guardian Name (s) _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

In case I/we cannot be reached, please contact:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell Phone: _____

We do hereby release and discharge the Salem United Church of Christ of Verona, Wisconsin, and each of its agents, staff, board members, officers, members, volunteers, and employees, from any and all claims, liability, and causes of action, of any kind and nature, which may arise in connection with these activities. We grant permission for our child to participate in all activities except as noted, above.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Medical Information

Name of Youth: _____ Date of Birth _____

Physician's Name: _____ Clinic _____

Physician's Phone # _____

Insurance Company: _____

Group # _____ Policy #: _____

Please list any allergies (food, drug, animal, or other):

Dietary Restrictions (please explain):

Current Medications and dosage:

Please include any other concerns or special considerations that group leaders should be aware of:

All adult leaders and participants will abide by the Safe Sanctuary guidelines and Youth Ministry Covenant adopted by Salem UCC to ensure a welcoming, safe, and respectful environment for all participants.

Revocation of Consent

I hereby withdraw my consent for my child _____
to participate in any and all scheduled youth events (6th-12th grader) held by Salem United
Church of Christ, 508 Mark Drive, Verona, Wisconsin, for the year 9/2009-9/2010.

Signature of Parent/Guardian: _____ Date: _____

