

Riviera United Methodist Church, Redondo Beach
YOUTH PERMISSION SLIP 2008-2009

I hereby grant consent for my child, _____, a minor, to participate in the activities of the Riviera United Methodist Church Youth Program for the years 2008 and 2009. I also give my permission for photographs or video of my child to be used by the church for the newsletters, the website, or other such publicity.

If my child becomes ill or sustains an injury during a gathering or outing, I understand that every reasonable effort will be made to contact the parent or guardian. In the event that I cannot be reached, I hereby authorize and consent to any emergency first aid and any emergency diagnostic or medical treatment deemed necessary by medically trained personnel. I also consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is advised as necessary for my minor.

Further, as parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child.

Any policy of the church or organization sponsoring this event will be used as secondary coverage. I understand that all reasonable safety precautions will be taken by the leaders of this group, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Riviera United Methodist Church, the Long Beach District and California-Pacific Conference of the United Methodist Church, its members, leaders, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

A photocopy or other reproduction of this authorization shall be considered as original.

Signed: _____ Date: _____
(Parent or Legal Guardian)

Printed Name: _____ Minor: _____

Minor's Birthdate: _____ Relationship to Minor: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt Phone: _____

Emergency Contact: _____ Phone: _____

Please initial all that apply:

____ My child has permission to ride home with another parent

____ My child has permission to drive home from youth events (if legally applicable)

Please note that this form will be the resource for contacting you in an emergency. Please inform us of any information changes should they occur during 2008 or 2009. Complete reverse side (or page 2) for health info.

HEALTH FORM

Name of Youth: _____ Date of Birth: _____

Address: _____

Gender: _____ Height: _____ Weight: _____

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

Name on Policy: _____ Insurance Phone Number: _____

Doctor's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Please list any current medications: _____

Please list any pre-existing conditions: _____

Please list any known allergies: _____

Date of last Tetanus shot: _____ Does child wear contacts? _____ glasses? _____

Special dietary needs: _____

Emergency Contact Information:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

Parent Signature: _____ Date: _____