

YOUTH MINISTRY: GRADES 7-12

LA CAÑADA PRESBYTERIAN CHURCH

PERMISSION SLIP, WAIVER, MEDICAL AUTHORIZATION AND RELEASE

Effective September 1, 2011
Through September 30, 2012

Name of Student _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Student email address _____

Name of Father _____ Cell Phone _____

Father: Email _____ Work Phone _____

Name of Mother _____ Cell Phone _____

Mother: Email _____ Work Phone _____

Age of Child: ____ Birth Date: __/__/__ Gender: ____ Grade: ____ School: _____

FUNCTIONS AND ACTIVITIES

It is my understanding that participating in the programs and recreational and other activities of La Cañada Presbyterian Church ("the Church") is a privilege. Prior to my student's participation in such activities, I acknowledge that certain risks are associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

The undersigned hereby give our consent to and authorize the minor child named above to participate in all events conducted by the Church. I further authorize my minor child to travel with representatives of the Church in private or other vehicles to any such events so conducted.

PUBLICITY

On occasion, the Church takes photographs or makes an audio or videotape recording of students and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in La Cañada Presbyterian Church publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our Church may allow them to photograph or record our events for news reporting on special interest features.

I DO consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, audio recordings, and the Church's web page.

I DO NOT consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, audio recordings, and the Church's web page.

FIRST AID AND EMERGENCY MEDICAL TREATMENT

I recognize that there may be occasions where the student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the Church to seek and secure any needed medical attention or treatment for the student named including hospitalization, if in the opinion of the agent such a need arises.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned physician, surgeon and/or dentist, in the exercise of his/her best judgment, may deem advisable. I hereby authorize any hospital which has provided treatment to my student to surrender physical custody of the child to the agent upon the completion of treatment. (Continued on other side) —————>

