



HARTSELLE CHURCH OF CHRIST

~THE LIGHT ON THE HILL~

EST: 1920

YOUTH ACTIVITIES CONSENT FORM

(This form covers all events/activities of Hartselle Church of Christ where your youth may participate or attend)

Name of youth _____ Birth date _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Work telephone _____

Other person and/or number to call in emergency _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication? Yes No

If yes, please explain. _____

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

- | | | |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Seizure Disorders |

Please explain. _____

Does your youth ever sleepwalk? Yes No

Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No If yes, please explain. _____

Family Doctor: _____

Doctor's Telephone: _____

Insurance Co.: _____

Policy No.: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Hartselle Church of Christ, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the leaders in charge/office staff/elders in writing or by verbal communication. If revoked, this form shall be promptly destroyed.

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: (Leader in Charge), another adult chaperone designated by the elders, and _____ . (**Note to Parent:** you may add or delete a name as desired.)

I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Hartselle Church of Christ will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the leaders in charge/office staff/ or elders in writing or by the filling out of a new consent form for any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the leader in charge and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

Signature of Parent or Guardian

Date

Youth Pledge

During all youth activities and all youth trips, I pledge to follow all instructions of the leaders in charge and the adult chaperones, including safety instructions and understand that if I fail to follow the instructions of said leaders in charge or adult chaperones...or the posted rules and regulations of said venue, I will be subject to disciplinary actions to include a phone call to your parents/guardians for further action. I also understand that if by any means I violate the laws of the state, county or municipality at which the venue is held, I will be subject to the local authorities.

Signature of Youth

Date