



**YOUTH ACTIVITIES**

*Parent/Legal Guardian Consent & Medical Release Form*

This form expires September 30, 2017

Date: \_\_\_\_\_

**Please print all information in Blue or Black ink ONLY**

**STUDENT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_

**OTHER EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**ADDITIONAL INFORMATION:** (List any known allergies or medical conditions)

\_\_\_\_\_

**MEDICAL RELEASE**

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

**PHOTO RELEASE**

\_\_\_\_\_ I **give permission** for my student to appear in candid shots while participating at WPC with the understanding that such photos may appear in church publications, including the website, pictorial directories, brochures, or promotional DVDs.

\_\_\_\_\_ I **do not give permission** for my student to appear in candid shots while participating at WPC with the understanding that such photos may appear in church publications, including the website, pictorial directories, brochures, or promotional DVDs.

I consent to my student's participation in Westminster's Youth Ministry and I expressly waive any claim for compensation or liability for any injuries or illnesses sustained during my student's participation.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_