



YOUTH ACTIVITIES

Parent/Legal Guardian Consent & Medical Release Form

This form expires September 30, 2018

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: _____