ANNUAL PERMISSION SLIP

Church on the Rock - Invitation Youth

(Complete one per child)

I, _____, give permission for my, son/daughter _____,
(Parent/Guardian) (Participant)

to participate in Church on the Rock youth ministry. This includes regularly scheduled on-site events, or any special events (including travel) that are sponsored by the COTR during the dates:

July 1st, 2021 - August 31, 2022

RELEASE OF LIABILITY

I/We, the parent(s) or legal guardian(s) of the above participant do hereby release Church on the Rock, the church staff, and volunteers from any and all liability resulting from any physical injury, property damage, or other injury or damage which occurs in connection with the above events and/or transportation to and from the events. *Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick my child up.

Please mark yes or no for each of the following:

My student has my permission to ride in a car driven by an adult leader: ___Yes ___No
My student has my permission to ride in a car driven by a young adult 18 or older: ___Yes ___No
My student has my permission to drive self and siblings: ___Yes ___No

Student Info: *(if applicable, please include cell phone and email info for your student to give leadership permission to communicate with your child about youth united meetings and events via these means)*

Student Address:_____
Home Phone:_____ Student Cell Phone:_____
Student Email Address:_____

Primary Contact Name(s) parent/guardian:_____
Cell Phone: _____ Other Phone:_____
Email Address:_____

Emergency Contact: (other than parent or guardian - only to be used if primary contact cannot be reached)
Name: _____Phone Number: _____
Email Address:_____

Permission to use my child's image:

I recognize that Church on the Rock uses photographs and video images of events in their publicity materials such as the church website, and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.
Please circle: YES / NO

Signature of Parent/Guardian: _____Date: _____

Authorization for Consent
to Medical Treatment of Minor Child

(Student's name here) _____ has the permission of the undersigned to participate in Church on the Rock activities. In the event of an emergency affecting the heath or welfare of this participant, the sponsors, leaders, or chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual acting in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. I do hereby release Church on the Rock, its employees, volunteers and members of its Board from all claims and causes of action by reason of an injury, which may be sustained as a result of these church activities.

HEALTH INSURANCE POLICY INFORMATION (Please print)

Primary Medical Insurance Carrier: _____
Insurance Company Phone #: (_____) _____-_____
Policy ID or Group #: _____
Policyholder's Name: _____
Policyholder's Employer: _____
Policyholder's Address: _____
_____

MEDICAL HISTORY INFORMATION (Please print)

Student's full name: _____
Date of birth: _____/_____/_____ Grade of student in fall 2021 _____

Student's physician: _____Physician phone:_____
Important medical history: _____
_____
Date of last tetanus immunization: _____
Please list any known allergies: _____
_____
Should this student's activities be restricted for any reason? Please explain: _____
_____
_____
Medications: My child is taking medication at present (list below). My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication._____
_____
_____ (Parent Initial)_____ (Date) _____
*I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, cough syrup, etc.) to be given to my child if deemed advisable. (Parent Initial)_____(Date) _____

Any other Medical Concerns: _____
_____

Signature of Parent/Guardian: _____Date: _____