



HILLSIDE CHRISTIAN CENTER

100 Anderson Road  
Napa, CA. 94558  
707.255.3036

# Yearlong Permission Slip

Parent Consent, Certification, & Medical Authorization

Valid through December 31, 2012

1. Youth's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth \_\_\_\_\_

2. Youth's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth \_\_\_\_\_

3. Youth's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth \_\_\_\_\_

4. Youth's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Youth's Address \_\_\_\_\_ Apartment # \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Insurance Company Covering Youth \_\_\_\_\_ Policy # \_\_\_\_\_

Physicians Name \_\_\_\_\_ Their Phone \_\_\_\_\_

**Consent & Certification:** (Please use correlating numbers to identify different children: ie (1)Not good swimmer, (3)Struggles with hikes.)

I, the undersigned, being the parent or legal guardian of the youth named above, **do hereby consent to the participation of my child in all the regularly-scheduled activities of Student Ministries at Hillside Christian Center of Napa, Ca. during 2012.** This includes retreats, camps, swimming, boating, hiking, sports, video announcements, and any other activity customarily associated with this ministry. Further, I certify that my child is physically fit & adequately trained to participate in such events, including swimming, except as noted:

\_\_\_\_\_  
\_\_\_\_\_

**Medical Questionnaire:**

Is your child presently being treated for any injury or sickness, taking any form of medication for any reason, or have any allergies we should know about?

Yes  No (If yes, please explain.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child ever sleepwalk?  Yes  No

Can your child swim?  Yes  No

Does your child have any physical condition or illness that would prevent him or her from participating in the regularly-scheduled activities described above or in any other rigorous activity?

Yes  No (If yes, please explain.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child require a special diet?  Yes  No (If yes, please explain.) \_\_\_\_\_

**Continue on the back**

**Medical Treatment Authorization:**

I understand that I will be notified in the case of a medical emergency involving my child. 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 my child is injured or becomes ill. I authorize the chaperons of Student Ministries to make emergency medical care decisions on behalf of my child, if required by law or a health care provider \_\_\_\_\_. I understand that Hillside Christian Center will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify Hillside Christian Center in the event of any health changes which would restrict my child’s participation in any normal youth activity. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do feel is within the physical capabilities of my child.

**Liability Release:**

I take full responsibility for my child’s actions and will pay for any damages caused by my child. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

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**A FACSIMILE OR PHOTOCOPY OF THIS FORM SHALL BE AS VALID AS THE ORIGINAL.**

_____	_____	_____
Parent/Legal Guardian Printed Name	Signature	Date
_____	_____	_____
Parent/Legal Guardian Printed Name	Signature	Date

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**Trip Participant (Student):**

I understand my guardians are held responsible for my actions while I’m on all youth activities.

This means if I damage property, am sent home as discipline, or become injured for any reason, my guardians will pay the cost.

I will do my best to respect all those around me, and to obey the event leadership.

\_\_\_\_\_  
1. Student Signature

\_\_\_\_\_  
2. Student Signature

\_\_\_\_\_  
3. Student Signature

\_\_\_\_\_  
4. Student Signature