



L I G H T H O U S E

## Annual Youth Ministry Permission Slip

Student's Name: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

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

### IN CASE OF AN EMERGENCY

We will make every effort to provide a safe and secure environment for your child during this event. In order to better protect the safety and health of your child, we request that you provide an additional emergency contact. In case of an emergency, we will contact the parent/guardian listed above. If you cannot be reached, the following person is authorized to act on your behalf.

Emergency Contact:

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

Phone Number: \_\_\_\_\_

Relationship to the parent/student: \_\_\_\_\_

\*\*Please Indicate on the back of this notice any health conditions, allergies or diet/mental/physical restrictions your child may have and medications he/she may be using to treat this condition. You may also include the name of your hospital or doctor and their phone numbers.

My son/daughter: \_\_\_\_\_ has permission to participate in any **Illuminate Youth/Lighthouse Kids event throughout the 2017-2018 school year beginning July 1, 2017 and ending July 1, 2018.**

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

Contact Church office for questions: (360) 452-8909



**L I G H T H O U S E**

## Annual Medical Release Form

Please Print **Child's Name** \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

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

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

Home Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

Family Dr. \_\_\_\_\_ Dr. Phone(\_\_\_\_) \_\_\_\_\_

### MEDICAL QUESTIONNAIRE

• Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes\_\_\_\_ No\_\_\_\_(If yes, please explain.)

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

• Does your child have (or has ever had) any of the following: (circle)

Seizure Disorders, Asthma, Heart Murmur, Diabetes, Kidney Disease, Other \_\_\_\_\_

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the regularly scheduled activities of Lighthouse Christian Center. Further, I certify that my child is physically fit and adequately trained to participate in such events. 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 understand that Lighthouse Christian Center will not be responsible for medical expenses incurred solely on the basis of this authorization.

**IF ANY INFORMATION CHANGES DURING THE YEAR, PLEASE MAKE SURE TO FILL OUT A NEW FORM.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_