

# Youth & Children's Ministry

## Annual Permission Form

First Christian Church, 115 South Glenbrook Drive, Garland, Texas 75040

Valid from August 31, 2016– September 1, 2017

**Note: A copy of this form must be on file for a child to participate in off campus activities**

### **Participant Information**

Participant's Full / Legal Name: \_\_\_\_\_

Preferred name (if different from above): \_\_\_\_\_

Gender: Male\_\_\_ Female\_\_\_ Grade / Age: \_\_\_\_/\_\_\_\_ Birthday: \_\_\_\_\_

Name of school AND Grade for 2016-2017 school year: \_\_\_\_\_

Home / Mailing Address: \_\_\_\_\_

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

Youth Email: \_\_\_\_\_

Do you approve of us contacting your youth via text, Facebook, or other social media? Yes\_\_\_ No\_\_\_

*Records will be kept of conversations in accordance with accepted Safe Church Policies.*

### **Family Information**

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

M – Cell Phone: \_\_\_\_\_ F – Cell Phone: \_\_\_\_\_

M – Work Phone: \_\_\_\_\_ F – Work Phone: \_\_\_\_\_

M – Email: \_\_\_\_\_ F – Email: \_\_\_\_\_

*Note: Any special instructions / restrictions regarding who may pick your child up after youth activities?*

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

### **Emergency Contact Information**

In the event a parent cannot be reached at any of the numbers above, please provide at least two emergency contacts. List their name, relationship and phone number:

1) \_\_\_\_\_

2) \_\_\_\_\_

## **Health Information**

- Please check if participant does NOT have insurance and continue to the next section
- Please check if participant IS covered through insurance, please complete the appropriate blanks below:

Name of Insured: \_\_\_\_\_

Group / Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Select any and all condition(s) relevant to your youth, on the lines below. Please offer any and all necessary explanations in the space below:

- A.D.D./A.D.H.D.
- Asthma
- Bed-wetting
- Fainting
- Seizures
- Sleep Walking
- Medication Allergies
- Food Allergies
- Diabetes
- Eating Disorder
- Heart Problems
- Back Problems
- Joint Problems
- Chronic Illness or ongoing medical condition
- Under the care of a Mental Health Professional
- Operations for serious injuries
- Skin Problems (acne, rash, other)
- Taking Medication (ongoing only—please list below)
- Any condition that limits physical activity
- Recent broken bones
- Other (please list below)

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

## **Liability Release**

We (I), in consideration for our child attending the Youth / Children's Ministry Activities of First Christian Church, Garland, and being under the age of 21, do hereby release, forever discharge and agree to hold harmless First Christian Church, Garland and the directors thereof from any and all liability, claims of demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in First Christian Church, Garland Ministry trips and activities.

Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and related activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this child.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as a result of negligent, willful or intentional acts of said child, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this child, and hereby grant our (my) permission for her/him to participate fully in First Christian Church Youth / Children's Ministry activities, and hereby give our (my) permission to take said child to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the child to return home due to medical reason, disciplinary actions, or otherwise, we (I) hereby assume all transportation costs. Further, we (I) agree to allow First Christian to use any photographs or video of my child for the purpose of church publicity.

**Either or both parents must sign.**

**If divorced or separated, custodial parent or legal guardian must sign.**

**Mother's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Information update or revocation of this document is the responsibility of the parent or guardian and must be received in writing at First Christian Church, 115 South Glenbrook Drive, Garland, Texas, 75040.*

**[PLEASE CLICK TO SUBMIT COMPLETED FORM](#)**