

# HBCSM PERMISSION SLIP 2013

Student Name: \_\_\_\_\_ Birth date \_\_\_\_\_

Name of parent(s) or guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Home telephone \_\_\_\_\_

Work telephone \_\_\_\_\_

Emergency Contact & Phone Number:  
\_\_\_\_\_

## Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication?

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

Does your youth have, or has your youth ever had, any of the following? (Circle and explain below.) Asthma, Hay fever, Kidney disease, Diabetes, Heart murmur, Seizure disorders? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Does your child ever sleepwalk? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Telephone (\_\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_

## Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Highland Baptist Church, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

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Highland Baptist Church has the right to use any picture or video associated with a HBCSM event to be used as promotion for a future event for the youth ministry on the church's webpage or to be shown in worship.

Please check one: YES \_\_\_\_\_ NO \_\_\_\_\_

### **Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency. 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 that my youth is injured or becomes ill. I authorize one or more of the adult chaperones on the trip to transport and give consent to medical care in the case of emergency. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I further agree to notify the youth director in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

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**Signature of Parent or Guardian - Date**

### **Youth Agreement (Mandatory)**

I hereby pledge to uphold all policies of the Youth Department of Highland Baptist Church. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

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**Signature of Youth - Date**