

Christ Community Church YTH Citywide Permission Form

Please complete, sign, and date this form for each student attending this event. Completed form must be turned in upon arrival in order to attend.

Student Information		
First Name	Last Name	Home Phone
Gender	Date of Birth	Grade
Group Information		
Group Name	Leader's Name	
Parent/Guardian Information		
First Name	Last Name	
Address		
Cell Phone	Email	
Emergency Medical Information		
Alternate Contact First Name	Last Name	
Phone		
Medical Insurance Provider	Policy/Group Number	
Special medical conditions/restrictions? NO YES (If yes, please explain)		
Medication allergies? NO YES (If yes, please explain)		
Food allergies? NO YES (If yes, please explain)		
Able to pursue all normal athletic activities? NO YES (If no, please explain)		

Medication Release	
I hereby give permission for Christ Community Church staff/adult leaders to assist my child to take the following medications according to the directions on this form. For medication(s) that are marked "as needed," my child is responsible to go to a Christ Community Church staff/adult leader to request medication.	
Parent/Guardian Signature	Date

Complete non-shaded areas for each medication to accompany your child. All prescription and non-prescription medications need to be in its original container. All prescription medications must be prescribed for the child. No exceptions.

Medication Information								
Medication Name	Dosage	Time	Sun	Mon	Tues	Wed	Thurs	Comments
		Breakfast						
		Lunch						
		Dinner						
		Bedtime						
		Other						
		As Needed						

Medication Name	Dosage	Time	Sun	Mon	Tues	Wed	Thurs	Comments
		Breakfast						
		Lunch						
		Dinner						
		Bedtime						
		Other						
		As Needed						
Medication Name	Dosage	Time	Sun	Mon	Tues	Wed	Thurs	Comments
		Breakfast						
		Lunch						
		Dinner						
		Bedtime						
		Other						
		As Needed						
Medication Name	Dosage	Time	Sun	Mon	Tues	Wed	Thurs	Comments
		Breakfast						
		Lunch						
		Dinner						
		Bedtime						
		Other						
		As Needed						

Medical Release (In case emergency medical treatment is necessary)

I, the undersigned parent or guardian of the child named on this form, a minor, have legal authority, and do hereby authorize and consent to any X-ray examination, medical or surgical diagnosis, treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of the Medical Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health Services.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care, which the physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. The undersigned also assumes the primary responsibility for any costs connected with such treatment.

This release form is completed and signed of my own free will with the purpose of granting my child listed above permission to participate in the CCC Mission Trip Program and events, authorizing medical treatment under any emergency circumstances in my absence.

Parent/Guardian Signature

Date

Permission Statement

MODEL RELEASE: For promotional purposes, videos and photographs are taken at youth events. Your registration constitutes permission for Christ Community Church to use photos of your student in promotional materials.

LIABILITY RELEASE:

I understand that the CCC Mission Trip program is conducted by Christ Community Church through its employees, volunteers, participants, and others acting on Christ Community's behalf, all of whom are referred to together as "Christ Community" in this liability release. In consideration for the services provided through the CCC Mission Trip Program, I hereby agree to release and discharge all the parties referred to as Christ Community above as follows:

I voluntarily choose to allow my child to participate regardless of the risks of participating in the CCC Mission Trip Program. I understand and acknowledge that the CCC Mission Trip Program includes activities with a risk of injury or death. I expressly agree to accept and assume all risks arising from, or relating to, my child's participation in the CCC Mission Trip Program, including the risk of acts or omissions by Christ Community constituting ordinary or gross negligence. I assume these risks both on my own behalf as parent or legal guardian of the child I am registering for and on behalf of my child's own rights.

I acknowledge that this agreement extends not only to any rights I may have as the parent of my child, but to my child's own rights as well. This release form is completed and signed of my own free will with the purpose of granting my child listed above permission to participate in the CCC Mission Trip Program. I have had a sufficient opportunity to read and understand this entire document. I agree to be bound by its terms.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date