

MEDICAL AND PERMISSION CONSENT FORM

Does your student have any known food allergies? _____

Medication allergies? _____

Any restrictions or special medical attention needed while at this function? If so, please list:

Has student had a tetanus shot? _____ Date? _____

Hospitalization Policy#: _____

Policy Issued under name of: _____

My Name is (parent's name) _____ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge the YOUTH PASTORS NETWORK (YPN) and PARTNER ORGANIZATIONS, its agents, servants, and employees, and all persons, natural or corporate, in privities with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by (youth's name) _____ while participating in any Student Ministry activity, or activities, (including travel to and from such activities) resulting from the negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of the YPN and PARTNER ORGANIZATIONS, for any and all activities. By signing this agreement, I give my permission for my son or daughter to receive medical attention in the event of an emergency.

I give consent to medical and surgical treatment as needed in the judgment of the treating physician chosen by representatives of the YPN and PARTNER ORGANIZATIONS. I also give the YPN and PARTNER ORGANIZATIONS, and its representatives permission to transport my child at their discretion in case of emergency. I do hereby agree to hold the YPN and PARTNER ORGANIZATIONS, their agents, and employees harmless of any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child, property, even injury resulting in death, which I now have or which may arise in the future connection with the activity or participation in any other associated activities. Lack of cooperation with policies will result in a student returning home at parent's expense. I certify to my knowledge that my child has not been exposed to any contagious disease within the past 30 days.

I understand and will allow photos and videos of my child to be taken while at this event to be used in any the YPN and PARTNER ORGANIZATIONS publications. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication the church will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against the church from unconsented use, alteration, or republication of my photographs and video by third parties accessing the Internet/World Wide Web.

Signature of Parent/Guardian _____

Emergency phone # where I can be reached:

Alternate phone # if not at above number:

