

PERMISSION/ WAIVER FORM FOR YOUTH AND CHILDREN 2010-2011



Name of Child or Youth Participant _____

Parents and/or Legal Guardian _____

Address _____ City, State, Zip _____

Birth date of child _____ E-mail Address _____

Academic grade and school _____

Phone Number _____ Emergency Phone Number _____

Functions and Activities: It is my understanding that participating in the programs, recreational and other activities of PEOPLES CHURCH during September 2010 through August 2011 is a privilege. Prior to my child/youth's participation in such activities, I acknowledge that there are certain risks associated with the activities including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. If, for some reason, a family medical emergency, behavior challenge, or my child needs to leave an event early, I will pay for all transportation cost.

Release of Liability: By signing this Permission/Waiver Form, I expressly warrant that the child/youth named above is capable of withstanding the physical demands of the activities discussed above. Also, I expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release PEOPLES CHURCH and its ministers, leaders, employees, volunteers, or agents of liability. I further agree to indemnify and hold harmless PEOPLES CHURCH and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result, injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment: I recognize that there may be occasions where the child named above may be in need of first aid or medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of PEOPLES CHURCH to seek and secure any medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Special Events and Field Trips: I understand that the child/youth named above will be participating in various activities from September 2010 through August 2011. I understand that during this period my child/youth may take part in activities such as Mpact Sleepover, Royal Rangers Pow-Wow, Mpact Summer Camp, Royal Rangers Father/Son Camp Out, and other activities consistent with the purposes of the church. I also understand that I may be asked to sign Special Permission Slips in addition to this form.

Publicity: On occasion, PEOPLES CHURCH takes photographs or makes an audio or video tape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in PEOPLES CHURCH publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by news media. Yes No

Health Insurance Information and Emergency

Insurance Company _____

Policy Number _____

Policy Holder's Name _____

Relationship to Child _____

Policy Holder's Home Phone _____

Policy Holder's Work Phone _____

Doctor's Name and Phone Number _____

MEDICAL HISTORY, SPECIAL NEEDS OR CONCERNS, MEDICATIONS, ALLERGIES, DIETARY NEEDS, CONDITIONS AND/OR OTHER INFORMATION THAT LEADERS SHOULD KNOW ABOUT YOUR CHILD/YOUTH SHOULD BE LISTED ON BACK.

Young Person's Agreement I agree to participate in the functions and activities of PEOPLES CHURCH, to cooperate with the leaders and other young people and to conduct myself as a Christian. I promise to respect God, other persons, and property. I understand that my continued participation depends on my support of this agreement.

Parent/ Guardian Authorization I represent that I am the parent/guardian of the above child, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of PEOPLES CHURCH including any special events/activities described above. In consideration for allowing the participation of the child in the activities of PEOPLES CHURCH, I hereby consent to the Permission/Waiver Form including the Release of Liability above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. I also understand that it is my responsibility to see that the information on this form is updated when there are any changes in my child's/youth's medical status, etc.

Signature of Child _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

A facsimile or photocopy of this form shall be as valid as the original.

CONFIDENTAL MEDICAL HISTORY

Name _____ Birth Date: _____

Does your child regularly have or previously had any of the following symptoms or conditions?

1. High Blood Pressure	YES	NO	18. Knee/Ankle Problems	YES	NO	35. Stomach Ulcers	YES	NO
2. Heart Disease	YES	NO	19. Neck/Back Problems	YES	NO	36. Intestinal Problems	YES	NO
3. Heart Murmur	YES	NO	20. Leg/Foot Problems	YES	NO	37. Active Bedwetting	YES	NO
4. Irregular Heartbeat	YES	NO	21. Headaches	YES	NO	38. Chest Pain/Pressure	YES	NO
5. Tuberculosis	YES	NO	22. Head Injury	YES	NO	39. Heart Palpitations	YES	NO
6. Hepatitis	YES	NO	23. Jaundice	YES	NO	40. Unexplained Sweating	YES	NO
7. Seizure Disorder	YES	NO	24. Heatstroke	YES	NO	41. Frequent Shortness of Breath	YES	NO
8. Bleeding Disorder	YES	NO	25. Bladder/Kidney Problems	YES	NO	42. Frequent Dizziness/Fainting	YES	NO
9. Anemia	YES	NO	26. Thyroid	YES	NO	43. Heart Burn	YES	NO
10. Blood Disorder	YES	NO	27. Endocrine Disorder	YES	NO	44. Muscle Cramps	YES	NO
11. Asthma	YES	NO	28. Hearing Impairment	YES	NO	45. PMS or Menstrual Problems	YES	NO
12. Diabetes	YES	NO	29. Vision Impairment	YES	NO	46. Broken Bones	YES	NO
13. Hypoglycemia	YES	NO	30. Motion Sickness	YES	NO	47. Arm/Shoulder Problems	YES	NO
14. Anorexia/Bulimia	YES	NO	31. Sleep Walking	YES	NO	48. Genetic Disorders	YES	NO
15. Skin Problems	YES	NO	32. Special Diet	YES	NO	49. Cancer	YES	NO
16. Hot/Cold Intolerance	YES	NO	33. Learning Disability	YES	NO	50. Other	YES	NO
17. Circulation Problems	YES	NO	34. Medical Equipment/Devices	YES	NO			

Please explain any "Yes" responses (with item number):

ALLERGIES (Drug, food, environmental) Description of reaction:

CURRENT MEDICATION TAKING (Prescription and over-the-counter):

Drug	Dose	Time Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL CONSIDERATION & INFORMATION:
