

2017 OASIS YOUTH PARENTAL CONSENT FORM

Effective Dates: January 1, 2017 - December 31, 2017

Trinity EC Church
250 Swinehart Road, Boyertown, PA 19512
610-369-1507

Youth Name: _____ Birth Date: ____/____/____

Youth Email Address: _____

Home Address: _____

City: _____ Zip: _____ Parent Email: _____

Emergency Phone #1: _____ Emergency Phone #2: _____

MEDICAL INFORMATION: Please provide any known allergies, medications taken regularly or other medical concerns we should be aware of. If additional space is needed, please attach documentation.

ALLERGIES	MEDICATIONS TAKEN REGULARLY	OTHER MEDICAL CONCERNS

PARTICIPATION CONSENT: The undersigned does hereby give permission for my/our child named above to attend and participate in activities sponsored by **Trinity (Boyertown) Evangelical Congregational Church**.

I understand the Trinity EC Church and Youth Ministry are not responsible or liable for their personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that they (minor) are to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold harmless Trinity EC Church, Youth Ministry, and any related agency, conference, church leader, member, employee or agent of Trinity EC Church, from any liability, injury, damages, loss, accident, delay or irregularity related to the undersigned individual planned or participation or involvement in these or this activity.

Initials

MEDICAL CONSENT: I/we authorize an adult, in whose care the minor has been entrusted, to consent to an x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical or dental services rendered for the aforementioned child pursuant to his authorization.

Initials

TRANSPORTATION CONSENT: The undersigned does also hereby give permission for my/our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **Trinity (Boyertown) Evangelical Congregational Church**. If it becomes necessary for my/our child to return home due to medical reasons or improper behavior, the undersigned shall assume all transportation costs and responsibilities.

Initials

PROMOTIONAL CONSENT: The undersigned does also hereby give permission for any photos of my/our child to be used in promotional materials, in Trinity Youth Ministry's promotion and web page, and/or on Trinity's Social Networking page(s), understanding that no names or personal information will be used.

Initials

Youth Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

** Please note that, in the unlikely event you are asked to make your way to a medical facility because your child has needed medical attention while in our care, it is vitally important that you bring appropriate INSURANCE CARD with you to the medical facility!

Initials