



North Valley Community Church  
27201 N Black Canyon Hwy, Phoenix, AZ 85085  
602-633-4192

## Youth Ministry Permission Form

Throughout the year students involved in the Youth Ministry have the opportunity to participate in numerous activities, events and trips, some of which are held on-site and some off-site. By signing this form and completing the consent for treatment on the back, you are giving permission for your child to participate in all activities, events and trips that are offered through North Valley Community Church during the next year.

As the parent or legal guardian of \_\_\_\_\_, I acknowledge and understand that North Valley Community Church may offer certain activities which carry with them a degree of risk and danger to my child. I consent to my child's participation in these activities. I acknowledge and understand that this parental authorization, consent and release has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use North Valley Community Church's equipment, facilities, or other designated locations for trips, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless North Valley Community Church and any staff, leadership and/or volunteers from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities.

I understand that it is my obligation to inform and update the church of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities, trips and events of North Valley Community Church. Should the need for medical attention arise the church will attempt to contact me as soon as practical under the circumstances.

In cases of emergency I consent to the transportation, examination and treatment of my child by a licensed physician or other licensed health care professional. I give permission for a doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the church on the basis of any claim form which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this parental authorization, consent and release by reading it before I signed it.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Parental consent will be valid through May 31<sup>st</sup>, 2019 at which time an updated form and consent will need to be completed.



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## Youth Ministry Permission Form & Consent for Treatment

### Personal Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Student's Phone/Carrier \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Phone/Carrier \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Phone/Carrier \_\_\_\_\_  
 Parent Email: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact #1 \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Emergency Contact #2 \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Emergency Contact #3 \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Medical/Emergency Information

Name of Insurance Carrier \_\_\_\_\_  
 Group # \_\_\_\_\_ ID # \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Please list any health conditions we should know about (If NONE, check here \_\_\_ )

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Please list any medications taken on a regular basis (If NONE, check here \_\_\_ )

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Please list any allergies your child has (If NONE, check here \_\_\_ )

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In the event my child becomes ill, is injured, or requires emergency medical attention of any kind, I hereby authorize the adult chaperone(s) to arrange for transportation to the nearest hospital/treatment facility. I give permission for a licensed doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I understand that I will assume full responsibility for all medical expenses incurred as a result of the use of this consent.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parental consent will be valid through May 31<sup>st</sup>, 2019 at which time an updated form and consent will need to be completed.