

South Austin Church of the Nazarene
6711 Manchaca Rd
Austin, TX 78745
512-442-8476

YOUTH ACTIVITIES CONSENT FORM

Name of youth _____ Birth date _____

Name of parent(s) or guardian(s) _____

Address _____ Phone _____

Emergency Contacts (other than parent)

Name _____ Phone _____

Name _____ Phone _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication? Yes No

If yes, please explain. _____

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

Asthma Hay Fever Kidney Disease
 Diabetes Heart Murmur Seizure Disorders

Please explain. _____

Does your youth ever sleepwalk? Yes No

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No

If yes, please explain. _____

Family Doctor: _____ Doctor's Phone #: _____

Insurance Co.: _____ Policy No.: _____

Company Phone #: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of South Austin Church of the Nazarene, and any other supervised activities customarily associated with its youth group, including youth meetings and overnight youth trips.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in

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the event that my youth is injured or becomes ill. I authorize the youth pastor (Ryan Hannay) and any SACN youth sponsors to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider.

I understand that South Austin Church of the Nazarene will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify the youth pastor in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth pastor and youth sponsors reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth. I further understand that the youth pastor and youth sponsors reserve the right to send my youth home from any youth trip at my expense.

Signature of Parent or Guardian

Date

Youth Pledge

I hereby pledge to uphold all policies of the SACN Youth Group. During all youth activities and all youth trips, I pledge to follow all instructions of the youth pastors and youth sponsors, including safety restrictions.

Signature of Youth

Date