



Quest Youth 2018 Permission Slip

Complete this form for 2018.

This form will be held by the Director of Student Ministries.

Student's Name	Student Cell #	Date of Birth
Street Address	City	State, Zip Code
Home Phone	Grade	School

Permission for Trips

My student/dependent has permission to travel to, attend and participate in Quest Youth sponsored activities that are two nights or less, and not considered high-risk activities as outlined by Quest Church: A Community of Grace. I understand that my student's small group leader will follow the Quest Youth standards. I give permission for my student to ride in a staff member's or volunteer driver's car. All drivers are licensed and insured. Students are to abide by Anchor's code of conduct. Failure to do so will result in your student being sent home at the expense of their parent or guardian.

*** By checking "No" I am requesting to sign individual permission slips for each activity.**

Yes No* Initialed _____

Permission for Use of Photos

I hereby consent that the videotapes, photographs, motion pictures, electronic images and/ or audio recordings of my student/dependent may be used by Quest Youth for public relations and publicity purposes to include but not limited to newspapers, printed materials, website and social media. I understand that their last name and residence will not be used for publicity purposes by Quest Youth.

Yes No Initialed _____

Permission for Emergency Medical Treatment

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to a representative of Quest Youth to seek treatment for my child and/or dependent minor by a licensed physician pursuant to Illinois law. I release Quest Church: A Community of Grace, its leadership, staff and volunteers from responsibility and liability for any injury or illness sustained during these activities, events, and /or programs. Please fill out the *Medical Release form* attached below. ***If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions, and attach to this form.**

Yes No* Initialed _____

EMERGENCY CONTACT INFORMATION

Parent Agreement: I have read and understand this annual permission slip. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the Quest Director of Student Ministries, Alicia Dickerson, at alicia@questwired.com.

Name:	Phone:	Relationship to Child:
Name:	Phone:	Relationship to Child:
Printed Name of Parent/Guardian:	Signature of Parent/Guardian:	Date:
Street Address (if different from student's):	City/State/Zip	Email Address:
Home Phone:	Work Phone:	Mobile Phone:

**Quest Youth
Medical Release Form**

Child's Name:	List all known medical conditions: food allergies and/or drug allergies. <i>In addition, include any and all over-the-counter and/or prescription drugs taken regularly.</i>

Physician's Contact Info

Personal & Office Name:	Address:
Phone number:	Second Phone Number:

Insurance Policy

Health Insurance Company Name:	Policy Number:
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Signature: _____ Date: _____