Pennwood Bible Church Youth Activities Consent Form

Name of Youth:	Date of Birth:
Name of Parent(s)/Guardian(s)	
Address:	
Home telephone:	
Other person and/or number to call in emergency:	-
Medical Information: Is your youth currently being treat from participating in physical activities? ☐ Yes ☐ No If yes, please explain:	
Does your youth have any allergies or take any medicati If yes, please explain:	
Does your youth have permission to take any of these mallergies? □ Ibuprofen □Tylenol □ Benadryl	nedications if they suffer from a headache, pain or Aspirin Cough/throat lozenges
Family Doctor: Insurance Co:	
if I cannot be reached, I authorize the calling of a doctor of necessary medical services in the event that my you Pennwood Bible Church and/or an adult leader design	I be notified in the case of a medical emergency. However, or and/or emergency services personnel, and the providing buth is injured or becomes ill. I authorize any pastor of gnated by such pastor to make emergency medical care ed by law or a health care provider, including consenting to hetic, medical or surgical treatments, and hospital care.
Consent to Activities, Transportation and Use of Image	: I give permission:
	civities of Pennwood Bible Church and any other supervised cluding youth rallies and overnight or weekend youth trips;
(b) for my youth to ride in any vehicle designated by Pe from youth activities in accordance with the Church's Tr	ennwood Bible Church leadership for transportation to and ransportation Policy; and
(c) for the use of any photograph or video of my youth t Church's ministries/events, including use in print publication	aken during a youth activity for purposes of promoting the ations, electronic or video formats.
Consent Limitations: If you wish to restrict any consent	given above, please specify:
Consent Termination: I understand that I may termin Pennwood Bible Church.	nate this Consent at any time by giving written notice to
for any accidents, injuries, or illnesses that may occur	rs will not be responsible for medical expenses incurred or to my youth. I also understand that the Church's pastors m any activity that they do not feel is within the capabilities
Signature of Parent/Guardian	Date:
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