

**Encounter Church  
Encounter Youth Group Permission Slip 2018-2019**

Child's Name: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian Cell Phone #: \_\_\_\_\_

Secondary Guardian Cell Number: \_\_\_\_\_

If unable to reach Parent/Legal Guardian, Please Contact:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number outside of California in case of a natural disaster

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is there anyone who is not allowed to pick up your child? \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does your child have any health/learning issues (i.e. asthma, allergies, ADHD, etc.) or take any prescribed medication? If so, Please

List: \_\_\_\_\_

I hereby certify that I am the parent or legal guardian for the aforementioned child and that I am entitled to his or her custody and control. I do hereby give my permission of the said child to be enrolled and participate in the Encounter Youth Group activities, off and on campus, conducted by the Encounter Church staff and volunteers. I give permission for my child to be transported by the Encounter Church bus or volunteer cars.

I fully understand the risks associated with the participation of my child in this recreational activity program and do hereby voluntarily assume the risks. I hereby obligate myself and said child to comply with all rules and regulations of the Encounter Youth Group program. I give my permission for my child's photo to be used in Encounter Church marketing and promotional materials.

I further certify that the said child is of good health and has no physical, mental or other impediments which would endanger him or her in participating in this program.

This permission form will remain on file until December 31, 2019 and be used for all organized events, on and off campus, of the Encounter Christian Church.

Date: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

**Contact Information:**

**Parent Email:** \_\_\_\_\_

**Parent Text #:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

**Student Cell Phone Number:** \_\_\_\_\_

**School Your Student Attends:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**AUTHORIZATION FOR CONSENT TO TREATMENT OF A MINOR ENCOUNTER CHURCH**

**We/I the undersigned parent(s)/guardian(s) of \_\_\_\_\_ a minor, do hereby authorize teachers/leaders/volunteers of the Encounter Youth Group, as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general and specific supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.**

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our afore-said agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable. I give Encounter Staff and volunteers permission to select a doctor at their discretion if my child's primary physician is not available.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California and **shall remain effective until December 31, 2019** unless sooner revoked in writing, delivered to said agents.

DATED: \_\_\_\_\_

PARENT/LEGAL GUARDIAN PRINTED NAME \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_