

Encounter Church Youth Group Permission Slip 2023-2024

Child's Name: _____

Parent/Legal Guardian Printed Name: _____

Address: _____ City: _____ Zip: _____

Guardian Cell Phone #: _____ Secondary Phone#: _____

Parent/Email Address: _____

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

Name: _____ Cell 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 abilities we need to be aware of (i.e. asthma, allergies, ADHD, etc.) or take any prescribed medication? If so, please list below:

I hereby certify that I am the parent or legal guardian of 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, 2024 and be used for all organized events, on and off campus, of the Encounter Christian Church.

Signature of Parent or Legal Guardian: _____ Date: _____



Student Contact Information:

Student Email: _____

Student text #: _____

School Your Student Attends: _____ Grade: _____

AUTHORIZATION FOR CONSENT TO TREATMENT OF A MINOR BY 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, 2024 unless sooner revoked in writing, and delivered to said agents.

DATED: _____

PARENT/LEGAL GUARDIAN PRINTED NAME: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

