

Living Stone Calvary Chapel
830 Bridge St. Canon City, Co
81212

LSCC Student Ministry - Youth Activities Consent Form

Name of Youth _____ Birth Date _____

Name of Parent(s) or Guardian(s) _____

Address _____

Home Telephone _____ Work Telephone _____

Other person and/or number to call in emergency _____

What is your youth's adult shirt size (For Winter National Shirts)? _____

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 have any life threatening allergies? Yes No If yes, please explain.

Does your youth have food allergies? Yes No If Yes, please list their allergies. _____

Does your youth ever sleep walk? Yes No

Youth's blood type _____ (if known)

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 Number: _____

Insurance Co: _____

Policy #: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of _____, do hereby consent to the participation of my youth in all the scheduled youth activities of Living Stone Calvary Chapel, and any other supervised activities customarily associated with this youth group (LSCC Student Ministry), including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth Pastor in writing.

Note to Parent/Guardian: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

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 the event that my youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: _____,

and _____ **(Note to Parent/Guardian:** you may add or delete a name as desired on this form before it is signed by you,) I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Living Stone Calvary Chapel, LSCC Student Ministry, Staff, and those listed above, will not be responsible for medical expenses incurred solely on the basis of this authorization. I further 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 designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

This consent form identifies that all parties included agree to the terms as they pertain through December of 2024.

Signature of Parent or Guardian

Date

Youth Pledge

I hereby pledge to uphold all policies of Living Stone Calvary Chapel and LSCC Student Ministry. During all youth activities and all youth trips, I pledge to follow all instructions of the youth pastor and designated adult leaders, including all safety instructions.

Signature of Youth

Date