

FAMILY CONTACT AND CONSENT FORM
The Youth of St. John's Activities 2018-2019

Youth Name _____ Today's Date _____

Age _____ Birthday _____ Youth E-Mail Address _____

Address _____

City _____ State _____ Zip _____

Youth Cell # _____ Home Phone _____

School _____ Grade _____

Mother's: Name _____ Cell _____ Email _____

Father's: Name _____ Cell _____ Email _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____, to choose to participate in the youth activities for 2018-19 arranged by St. John's Church. Please check and initial ONE of the following:

_____ **ANY** youth activity planned by St. John's Church during 2018-2019

_____ or **ONLY** specify trip(s) and date(s): _____

_____ **EXCLUDE** these trips please, all others are fine. Please list the excluded trips and dates:

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination; anesthetic, medical, surgical, or dental diagnosis or treatment; and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Georgia Medical Practice Act (or other State equivalent act), or by the Georgia Board of Dentistry (or other State equivalent licensing board) on the medical staff of a licensed hospital, regardless of whether such diagnosis or treatment is rendered at the office of said physician or dentist or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

Should it be necessary for our (my) youth to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by St. John's Church.

Hospital Insurance yes no

Insurance Company _____ Policy # _____

Participant _____

Parent / Legal Guardian _____

Emergency Contact / Phone _____

(over...)

PARTICIPANT'S AGREEMENT
The Youth of St. John's Activities 2018-2019

I will not bring or use alcohol, tobacco products, non-prescription drugs, weapons, or act out inappropriate sexual behavior while attending a St. John's Church event. I understand, should I choose to do so, my parent(s) will be called to come and pick me up, or I will be sent home at my parent(s)'s expense.

Participant Signature _____

Parent(s) Signature _____

Date _____