

2024 Youth Consent Form

Name of Youth: _____ Birth date: _____

Father's Information

Parents(s) or Guardian: _____ Cell phone: _____ Work: _____

Mother's Information

Parents(s) or Guardian: _____ Cell phone: _____ Work: _____

Home Address _____ Home Phone: _____

Alternate Emergency Contact

Name and relationship: _____ Cell phone: _____ Work: _____

Medical Information Is your youth presently being treated for an injury or sickness or taking any medication?
If yes, please explain.

Does your youth have, or has your youth ever had, any of the following? If so, Please explain.
Asthma • Hay Fever • Kidney Disease • Diabetes • Heart Murmur • Seizure Disorders

Consent and Certification

Consent and Certification I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of West Side Brethren In Christ Church, and any other supervised activities customarily associated with its youth group, 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 leader in writing. Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment

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: the youth pastor, another adult volunteer designated by the pastor, and West Side BIC Church.

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 West Side BIC Church 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 chaperone reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

Signature of Guardian: _____ Date: _____

Youth Pledge I hereby pledge to uphold all policies of the Youth Department of West Side Brethren In Christ during all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

Signature of Youth: _____ Date: _____