

LakesideYouth

Permission Slip & Medical Release

Note: Without a completed & turned in form, no minor or student will be allowed to attend activities sponsored by Lakeside Youth and its parent organization, Lakeside Church.

PERMISSION SLIP

Name of Student: _____

Full Address: _____

Grade: _____ Birthdate: _____

I affirm that I am the parent/guardian of said minor or student and give permission for him/her to attend LakesideYouth activities.

Signature: _____

Printed Name: _____

Date: _____

- Picture/Video Release: I will allow pictures or videos of my child from Lakeside Youth or Lakeside Church events to be posted on the church website or youth Facebook page.

MEDICAL RELEASE

Please list student's allergies, any medical problems, & medications being taken:

Please list student's insurance information (company & policy/group number):

Name of Parent(s)/Guardian(s): _____

Address of Parent(s)/Guardian(s): _____

Emergency Contact Name: _____

Emergency Phone Numbers: _____

I/We understand that, in the case that medical treatment is deemed necessary by any staff member or youth leader while at Lakeside Youth activities, effort will be made to contact me at the emergency phone numbers listed above if time permits. If I cannot be reached, however, or if time does not allow, I give permission to the staff or leaders of Lakeside Youth & Lakeside Church to secure the services of a licensed physician to provide any care necessary, including anesthesia, for the well being of said minor.

Signature: _____

Printed Name: _____

Date: _____

LIABILITY RELEASE

I have agreed in good faith to allow the said minor to be driven back and forth to and to participate in the events/activities of Lakeside Youth and/or Lakeside Church during the year 2020-2021, knowing that the staff and leaders of said organizations are attempting to provide an event/activity that is beneficial to the minor for whom I am legally responsible. With this understanding, I agree to forfeit any legal right to hold the officers, staff, and leaders of Lakeside Youth and Lakeside Church responsible for any accident that may occur to/from/during these services/events/activities. I understand that in the event that the minor for whom I am responsible causes damage or trauma to any person or property, that I will be financially and legally responsible for the minor's behavior. I also understand that should the minor be expelled from an event/activity due to gross misconduct or inappropriate and disobedient behavior, that I will be financially and physically responsible for bringing the minor home.

Signature: _____

Printed Name: _____

Date: _____