

# Youth Permission Form



Communication is key for the success of a ministry. The more you know about what is going on, the better the youth group is. The more we communicate with each other, the happier everyone is. Please fill out this information and turn it back as soon as possible.

**Questions:** christian@qrchurch.org

## Student Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Current School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Student Cell: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Student Email: \_\_\_\_\_

I give permission for either the Quarry Rock Youth Pastor and/or adult leaders to visit my students' extracurricular activities.  Yes  No

I give permission for the Quarry Rock Youth Pastor and/or adult leaders to text my student directly.  Yes  No

## Parent/Guardian Information

Guardian #1: \_\_\_\_\_

Cell: \_\_\_\_\_ Email \_\_\_\_\_

Guardian #2: \_\_\_\_\_

Cell: \_\_\_\_\_ Email \_\_\_\_\_

If guardian(s) cannot be notified, please notify

\_\_\_\_\_

(Relationship to Student) \_\_\_\_\_

Phone #: \_\_\_\_\_ Email \_\_\_\_\_

## Medical/Insurance Information for Student

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Do you have?                      Sinus Trouble                      Hay Fever                      Heart Trouble

**(More info on back)**

(Circle)

Epilepsy

Asthma

Diabetes

List of allergies or medical conditions:

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Any Special Notes:

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### Consent/Medical Release Form

I hereby grant permission for my child named above to participate fully in any or all of the activities/programs (the "Activities") that are held on or off-site with the ministries of the Quarry Rock Wesleyan Church (the "Church") during the period commencing with the date of this form and ending January 10th, 2023. This document must be signed by all participants and on file prior to first participation. The undersigned, his/her heirs, executors, administrators, guardians, and/or parent(s) assigns on behalf of himself/herself, individually, and on release, waive, absolve, indemnify, agree to hold harmless, and discharge Quarry Rock Wesleyan Church and their agents, employees, representatives, successors, volunteers, elders and assigns, from any and all liability for claims, demands, actions, judgments, and executors which may arise from any injury, loss, or damage resulting from the use by the undersigned or his/her family of outdoor facilities, indoor facilities, the grounds, their equipment and apparatus, owned and maintained by the said entity at their respective locations or resulting from attendance at any and all campus and off campus events or sponsored activities. I further understand that photos and videos of Quarry Rock Wesleyan Church events will be taken and authorize the taking and publication of photographs and videos of my child via the Internet or other medium. In the event my son/daughter, in the opinion of Quarry Rock Wesleyan Church its volunteers, staff, or agents, needs medical care beyond first aid and over-the-counter (non-prescription) medications, I give my consent and permission for such medical care to be obtained on behalf of my child and further give consent to any treatment recommended by the medical personnel consulted. 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 licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician 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 child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by Quarry Rock Wesleyan Church. The consideration to the undersigned, for the execution of this release of liability, is the permission to him/her, and their minor children, by Quarry Rock Wesleyan Church to use the above stated facilities, grounds, equipment, and apparatus, according to the guidelines of the event or activity.

Signature of parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

I give my consent to have pictures of my child taken at events or youth group during 2023 which may or may not be posted to the Quarry Rock Church Website or social media.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_