

**Children/Youth Permission Form**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the church.

I hereby grant permission for my child to leave the church premises under the supervision of adult sponsors for field trips in an authorized vehicle. I will not hold LakeRidge Methodist Church or any individual responsible for any accident or injury that may occur during these field trips.

I hereby grant permission for LakeRidge Methodist Church Staff and adult sponsors to take whatever steps may be necessary to obtain emergency medical care if warranted. If we cannot contact you or your child's physician, we will do any and all of the following: (a) call another physician or paramedics (b) call an ambulance, (c) have the child taken to an emergency hospital. Any expenses incurred will be borne by the child's family.

I accept the policy regulations of LakeRidge Methodist Church and release LakeRidge Methodist Church from any liability for injuries or illness resulting from conditions or circumstances not due to the result of gross negligence.

I hereby grant permission for my child to be included in pictures connected with the program.

Rules Adherence: Tobacco, alcohol, illegal drugs, sexual activity, or illegal activity will not be tolerated and will be cause for parents to be called and child sent home.

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate person to contact in case of emergency if parent can't be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Emergency Center: \_\_\_\_\_

Medical History/Known Allergies to Food or Medications: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date