

2008-2009 YOUTH PARENT PERMISSION FORM

Youth's Name _____ Sex _____

Address _____ Phone _____

E-mail: _____

Date of Birth ____/____/____ Age _____
 DD *MM* *YYYY*

Health Card Number _____

Family Doctor _____

Phone _____

Emergency contact person

Parent/Guardian Name _____

Home Phone _____

Work Phone _____

E-mail _____

Alternate Contact Person

Name _____

Home Phone _____

Work Phone _____

HEALTH HISTORY

Please list any pre-existing or present medical problems, medications being taken, or other pertinent information a doctor may need to know:

Please list any allergies (including food or medications):

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT:

In signing this registration form, I hereby certify that the above information is correct, and grant permission for the release of medical records in the case of illness or accident. I understand that all reasonable safety precautions will be taken by Westdale Reformed Church and its employees and volunteers who have direct supervision for this child during all Sr. Youth meetings, events and activities and understand the possibility of unforeseen hazards. In the case of a medical emergency, I understand that every effort will be made to contact a parent or guardian of the student in need of medical treatment. In the event I cannot be reached, I hereby grant permission for him/her to receive medical or hospital care if needed. I also grant permission for the use of photographs, which include my son or daughter in publicity about future Westdale Reformed Church youth events or reports. I will not hold Westdale Reformed Church or its employees and volunteers who have direct supervision for this child liable for accident or injury to my child while attending youth events sponsored by the Westdale Reformed Church.

Signed _____ Date _____