EMANUEL CHURCH, HALES CORNERS
10627 West Forest Home Avenue
Hales Corners, WI 53130
(414) 425-1515

SPORTS AND YOUTH ACTIVITY PERMISSION FORM

ACTIVITY:_____
DATE OF ACTIVITY:_____
NAME OF YOUTH PARTICIPANT (MINOR):_____
MINOR'S ADDRESS:_____
MINOR'S DATE OF BIRTH:_____

I, _____, the parent or legal guardian of the above-named minor, hereby give my permission for his/her participation in the youth activities named above. I agree to direct my child to cooperate and conform to directions and instructions of personnel responsible for the activities.

I agree that in the event my child is injured as a result of his/her participation in the above-named activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the activity or the church program, or any of its agents or employees; recourse for the payment of any hospital, medical , dental, or related costs and expenses will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, surgeon, and dentist licensed under the Medical Practice Act and Dental Practice Act. As parent or legal guardian, I am responsible for the health care decisions of my child and am authorized to consent to services to be rendered, and no other consent is required by law.

I hereby give permission to the physician selected by the activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist.

_____ _____
Parent or Legal Guardian Signature Date

_____ _____
Print Name of Parent or Legal Guardian Relationship

EMERGENCY TREATMENT

Medical Conditions or Allergies:_____
Prescription Drugs:_____
Name and Phone Number of Primary Care Physician: _____
_____

(1) **Parent/Guardian Name(s)**:_____ Home Phone:_____
Address:_____ Work Phone: _____
_____ Cell Phone: _____

(2) **Alternative Contact Person**:_____ Home Phone:_____
Relationship to Youth Participant:_____ Work Phone: _____
Cell Phone:_____

BEHAVIORAL CONCERNS: List any behavioral concerns and/or limitations regarding this youth participant, as well as any special behavioral strategies used when relating to him/her:_____
_____

HEALTH PLAN AND POLICY NUMBER: _____

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I understand that any behavior unbecoming of Christian youth is grounds for the restriction and/or return of the youth from any youth activities. The parent/guardian may be requested to provide transportation for the return home for such youth. **I HAVE FILLED OUT THIS FORM TO THE BEST OF MY ABILITY, AND I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.**

Parent/Guardian Signature:_____ Date:_____

(8/26/07)