

Allen Creek Community Church - AC3 ☒ ☎
Youth Permission and Medical Release/Consent Form

Select one:

- Individual Event _____ Date _____
 Year Release – May 1st-2008 through May 1st, 2009

NOTE: Parent/Guardian(s) are responsible for completing a new Medical Consent Form immediately if any medical conditions, doctor or insurance CO. information changes within the year specified above.

Name of Participant _____

Address _____

Phone # _____ Age _____ Birthdate _____

I recognize that efforts will be made to contact me in the event of an emergency. However, in the event that _____ becomes ill or sustains an injury while on any authorized, volunteer staffed outing sponsored by AC3, I, the undersigned, give my permission to those in charge to take whatever steps necessary to stop any bleeding and administer first aid.

I also give permission for any medical treatment deemed necessary including diagnosis tests, treatment, medicine, hospital and dental care to be rendered under the general or specialized supervision of a duly licensed physician and/or surgeon.

I understand that the activities at these events may pose risks to personal health and safety. I hereby agree to release AC3, it's staff and volunteers for any liability in the event of an injury or claim during an event.

Print Name of Parent/Guardian(s) _____	Cell# _____
2nd Contact Person(s) _____	Phone _____
Doctor _____	City _____ Phone _____
Insurance CO. _____	Group/Policy # _____

I understand that said participant and their guardian(s) will assume the cost of any damage that he/she causes to property or goods.

I understand that failure to follow the rules set forth by the youth staff for an event may be cause for the participant to be sent home at their own expense.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Please list any medical conditions or allergic reactions, on the back of this form, that our youth staff should be informed about.