

BEREAN COMMUNITY CHURCH

YOUTH ACTIVITY PERMISSION FORM

2007-2008 SCHOOL YEAR: Effective until September 2008

YOUTH'S NAME _____ AGE _____ Birth date ___/___/___ GRADE (07-08) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE #'S: HOME _____ CELL PHONE #'S _____

FATHER'S WORK _____ MOTHER'S WORK _____

PARENTS' E-MAIL: _____

PARENT/GUARDIAN AGREEMENT

We, the parent(s)/guardian(s) of _____,
Do hereby give consent for our son/daughter to participate in Berean Community Church youth activities.
Furthermore, we also give our consent for our son/daughter to walk, or ride in the designated vehicle(s) of
Berean Community Church, to get to all the appointed destinations during these activities.

Parent's/Legal Guardian's Signature Required Date _____

Parent's/Legal Guardian's Signature Required Date _____

MEDICAL INFORMATION

Allergies: _____

Known medical conditions (circle those that apply): Asthma, Heart Condition, Kidney, Epilepsy, Diabetes,
Other: _____

Medications being taken: _____

Precautions: _____

Name of Family Doctor _____

Family Medical Insurance _____

Policy # _____ Date of last Tetanus _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of a participant in Berean Community Church youth activities, I hereby
give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor
of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or
well being of my dependent.

Parent's/Legal Guardian's Signature Required Date _____

Parent's/Legal Guardian's Signature Required Date _____