

Lakeside Community Presbyterian Church

9908 Channel Road
Lakeside, CA 92040
(619) 443-1021

**All S.U.R.F. (S.U.R.F., F.R.O.G.s and K.F.C.)
PARENTAL CONSENT FORM**

This permission slip will serve as a permanent consent/permission form for all on and off-campus events with the youth groups. It will be updated regularly and will be necessary for all off-campus events. For any events out of San Diego County or events that involve greater than normal risks (such as water-skiing or horseback riding), an additional form will be required. In the event of an emergency, the Lakeside Community Presbyterian Church youth staff will make every effort to contact the parent or guardian immediately.

My child, _____, has my permission to participate in any regularly scheduled church and youth group events, as planned by the Lakeside Presbyterian Church Youth Groups. I understand that this may include swimming in both public and private pools, hiking activities, beach trips, and other field trips. I realize that transportation may be given by the church van or by private drivers. I understand that, unless previously arranged, I will pick up my child at the Lakeside Community Presbyterian Church after the event.

Additionally, I give my consent to the Lakeside Community Presbyterian Church Staff and Youth Advisors to seek all emergency dental or medical care prescribed by a licensed physician (M.D.) or dentist (D.D.S.) for my child. I assume the responsibility for my child's participation in adult supervised church programs, and will not hold Lakeside Community Presbyterian Church, nor its staff or advisors, liable for any illness or injury incurred at youth group activities at which every reasonable precaution will be taken.

Signature of Parent/Guardian _____
Date

Child's Full Name _____
Child's birthday

Full Address

Home Phone _____
Work Phone _____
Cell or Pager Number

Emergency Contact (other than parent) _____
Phone Number

Physician _____
Phone Number

Insurance Company and Address _____
Policy Number & Pertinent Information

Drug Allergies and other Medical Conditions _____
Food Allergies

Date of last tetanus shot _____
Is there anyone **NOT AUTHORIZED** to pick up your child:'