

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

2010-2011 SURF, IMPACT, and KFC 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 Group. 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.

Photo Release: Usually, a camera is brought for pictures to be taken at the specific activities. Pictures are used during the Sunday morning worship services, as well as made available on the church website. We respect anything that might have a name on it and will remove names from the pictures where possible. Please use the checkbox below to indicate that you permit photos of your Child to be used.

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:

Photo Release: Child's Photograph Permissible for Church Use (Circle one) YES / NO