

**Pacific Palisades Presbyterian Church
15821 Sunset Boulevard
Pacific Palisades, CA 90272**

**Youth Groups
Permission Slip, Waiver, Medical Authorization and Release**

Name of Student _____

Address _____

City, State, Zip _____

Student email: _____

Birth date of child: _____ School and Grade _____

Parent email: _____

Cell/Pager/Work Numbers of:

Parent(s) and/or Legal Guardian(s) _____

Parent(s) and/or Legal Guardian(s) _____

Functions and Activities

It is my understanding that participating in the program(s) and recreational activities of Pacific Palisades Presbyterian Church (PPPC) is a privilege. Prior to my student's participation in such activities, I acknowledge that certain risks are associated with the activities, including, for example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. The undersigned hereby give consent to and authorize the minor child named above to participate in all activities conducted at PPPC. I further authorize my minor child to travel with representatives of PPPC in private or other vehicles to any such activity.

Publicity

On occasion, PPPC takes photographs or makes an audio or videotape recording of students and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in PPPC publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events and our church may allow them to photograph or record our events for news reporting on special interest features.

I consent to the use of any such audio or visual record of the child named above to be used, distributed or displayed as agents of PPPC see fit. This consent includes, but is not limited to: photographs, videotape, audio recordings and PPPC's web site.

Please initial and date here: _____

Youth Ministry Name and Phone Directory

I give my permission for my student's information to be published in the annual PPPC Youth Ministry directory. It is my understanding that this directory will only be given to members of PPPC youth programs and is not to be used for any other purpose. If you DO want your child's name and phone number to appear in the Youth Ministry directory, please initial and date here: _____

First Aid and Emergency Medical Treatment

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required, but is given to provide authority and power on the part of the agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned physician, surgeon and or/dentist, in the exercise of his/her best judgment, may deem advisable. I hereby authorize any hospital, which has provided treatment to my student to surrender physical custody of the child to the agent upon completion of treatment.

I recognize that there may be occasions where the student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness or other health condition or injury. I do hereby give permission for the PPPC leader to seek and secure any needed medical attention or treatment for the student named including hospitalization, if in the opinion of the PPPC leader if such a need arises.

Further, I authorize the agent of PPPC to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician surgeon, or dentist licensed under the laws of the state or country in which the medical care is being sought and on the medical staff of any hospital. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment including any treatment a physician, surgeon, or dentist may deem necessary.

I authorize the physician, surgeon, dentist, hospital or licensed medical facility which treats the student for an emergency condition to release all medical information pertaining to that treatment of the student to the agent of Pacific Palisades Presbyterian Church pursuant to the Health Portability and Accountability Act of 1996 and the California Confidentiality of Medical Information Act.

Damages to Property – Cost of Emergency Room Transportation

I understand and agree that I will be responsible for and will indemnify PPPC and its agents for any damage caused by my student to the property of third parties occurring during the trip. Further, if the student is to be sent home prior to the expected termination of the trip either because of the student's misconduct in failing to follow the rules set forth by PPPC or its agents, or because of a medical condition of the student, if I, as the parent/guardian of the student fail to provide for the return transportation home after receiving reasonable notice, I agree to reimburse PPPC for any and all costs for such return transportation, including the cost of transportation of an accompanying adult, if required.

Release of Liability

By signing this form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I, the undersigned for my student, my student's personal representatives, assigns, heirs, distributes, guardians and next of kin ("the Releaser's") hereby irrevocably and unconditionally release, waive, discharge and covenant not to sue PPPC and its ministers, leaders, employees, volunteers, and agents, for and from all claims of any nature now or hereafter existing whether known or unknown including but not limited to, all liability to the Releaser's, on account of injury to my child or death to my child or injury to the property of the child, except caused by gross negligence of PPPC its ministers, leaders, employees, volunteers, and agents or otherwise during the course of my student's participation in the activities, arising out of or in connection with activities related to PPPC or any travel connected therewith.

Medical History

Special Medical Needs or Concerns (allergies, conditions, dietary needs, medications, etc.)

Health Insurance Company _____

Policy Number _____ Phone Number _____

Medical Doctor _____ Phone Number _____

Date of Last Tetanus Shot _____

Any other information PPPC leaders should know about the child

In the event that parent(s) and/or legal guardian(s) cannot be reached call

Name and phone number of emergency contact: _____

I represent that I am the parent(s)/guardian(s) of _____

who is under 18 years of age. I/We have read the above form and are fully aware of the contents thereof. I/We give permission for the student named above to participate in the activities of PPPC, including any special activities. In consideration for allowing the participation of the student in the activities of the PPPC, I/We hereby consent to the above terms on behalf of the child and agree that this form shall be binding upon me, my family heirs, legal representatives successors, and assigns.

Signature of Parent(s)/Legal Guardian(s)

_____ Date _____

Print name and address of Parent(s)/Legal Guardian(s)

Student's Agreement: I agree to participate in the functions and activities of PPPC, to cooperate with the leaders and other young people, and to conduct myself according to Christian values. I promise to respect God, respect myself, respect other person's, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Student's Signature _____ Date _____

Print Students Name _____

I have received and reviewed the Student Expectations and Commitment form

Signature and Date _____