

Flee the evil desires of youth and pursue righteousness, faith, love and peace, along with those who call on the Lord out of a pure heart.
 2 Timothy 2:22 (NIV)

Pursue 2:22

Participant Consent Form Participant Info

Participant Type
 Adult : _____
 Student: _____

First Name _____ Last Name _____ MI _____ Date of Birth ____/____/____ Age _____

Address _____ City _____ State _____ Zip _____ Primary Phone _____

Email Address _____ Current/Just Completed Grade _____ School / Employer Name _____

Parent(s) / Legal Guardian Info. (Skip Section if Adult/Sponsor)

Primary

First Name _____ Last Name _____ MI _____ Relation _____

Address _____ City _____ State _____ Zip _____ Primary Phone _____

Email Address _____ Cell/Work Phone _____

Secondary

First Name _____ Last Name _____ MI _____ Relation _____

Address _____ City _____ State _____ Zip _____ Primary Phone _____

Email Address _____ Cell/Work Phone _____

Emergency Contact Info

Name _____ Relation _____ Phone 1: _____ Phone 2: _____

Name _____ Relation _____ Phone 1: _____ Phone 2: _____

Additional Info

Medical Insurance? (Y / N)

Do you wish to be notified in the event of:

Permission to give Participant Medication

Insurance Provider _____ Minor injuries (ie. falls, cuts, scrape, etc.) (Y / N)

Asprin? (Y / N)

Insured Name _____ Unplanned Medication given? (Y / N)

Acetaminophen? (Y / N)

Policy Number _____ Minor allergic reaction (poison ivy, bug bites, etc.) (Y / N)

Ibuprofen? (Y / N)

Benadryl? (Y / N)

Note: You will be notified for any serious injury, allergic reaction or if medical treatment is needed

List Known Serious Allergies

Reaction

List Current Medication

Dosage Instruction (amount/time of day)

List Known Serious Allergies	Reaction	List Current Medication	Dosage Instruction (amount/time of day)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

To Whom It May Concern:

The undersigned does hereby give permission for _____ to attend and participate in activities sponsored by Sandusky Ave. Christian Church, 4424 E. 11th St. Tulsa, OK 74112 918-834-4427

Medical Release

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Permission to Participate

I, the parent or legal guardian of my child listed on this form, certify that he/she has my full approval to participate in the programs of Sandusky Ave. Christian Church. The child identified on this form understands that he/she is expected to abide by Sandusky Ave. Christian Church guidelines and be directly responsible to the Youth Minister. Sandusky Ave. Christian Church assumes responsibility for discipline at all of its programs and events and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning my child home.

Further, I do release and hereby agree to hold blameless Sandusky Ave. Christian Church and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Sandusky Ave. Christian Church. I also release the lessor of properties on which Sandusky Ave. Christian Church programs and events are held.

The undersigned does also hereby give permission for our (my) child to have his or her person searched by person of same gender, and possessions searched when he or she is at any activity with Sandusky Ave. Christian Church or on any church property.

Unexpected Transportation Cost

Should it be necessary for our (my) child to return home due to medical reasons, disciplinary actions, or otherwise, the undersigned shall assume all transportation costs.

Press Release

For valuable consideration received, I hereby irrevocably grant to Sandusky Avenue Christian Church, the worldwide, royalty-free, right to use the participant's name, voice, likeness, and image in all forms and media, and in all manners for any lawful purposes, commercial or noncommercial.

Participant Signature _____

Date Signed _____

Parent / Legal Guardian Signature _____

Date Signed _____

Parent / Legal Guardian Signature _____

Date Signed _____