

**NORTH POINT CHRISTIAN CHURCH
ACTIVITY PERMISSION FORM
RELEASE, CONSENT & AUTHORIZATION**

I, _____, the undersigned parent or legal guardian of, _____ hereby consent to his or her full participation in the activities and trips of North Point Christian Church. I understand that all activities may involve hazards or injuries, in consideration of the child's participation in these activities, I hereby generally release North Point Christian Church and its ministers, youth leaders, and other employees, agents, and representatives from any liability or other legal or financial responsibility for any injury to the above-named child while he or she is under the supervision of North Point Christian Church or such person(s).

In the event of any such injury or other situation in which the above-named child may require emergency medical or dental care, I hereby authorize any minister, youth leader, or other employee, agent, or representative of North Point Christian Church, in my absence, to seek out and consent to any necessary medical or dental care for the above-named child; and further authorize any physician, dentist, other medical personnel, or medical or health care facility to rely on such consent and perform any necessary medical or dental care, including, without limitation, x-ray and other diagnostic procedures, administration of anesthetics or medication, and surgery; and hereby ratify and confirm whatever consent to medical or dental care that may be given hereunder. I further consent to the release of any information to said persons regarding the health care and history of said child under HIPAA.

Parent and Primary Emergency Contact Information

Name	Email	Home Phone #	Work Phone #

Alternative Contacts - Name	Relation to Child	Home Phone #	Work Phone #
1.			
2.			
3.			

The child's physician is _____
Name Phone #

Information regarding medical insurance covering the child is as follows:

(Insurance Company)	(Name of Primary Beneficiary)	(Contract #)
(Name of Employer, if applicable)	(Group #, if applicable)	(Phone #)

Information regarding the child's health:

Date of Birth: _____

Current medication(s): _____

Drug allergies: _____

Other allergies: _____

Recent illness, surgery, or other medical conditions or problems, or other medical information which the minister, youth leaders, or medical personnel should know:

Blood type: _____ Date of last tetanus shot: _____

 Signature of Parent or Guardian

 Date