LIFESPRING CHURCH

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Student Name: _____ Birth date: _____

I give permission for my child (named above) to attend the events, field trips, and service projects associated with LifeSpring Church Youth Group in Lugoff, SC. I further give permission for my child to be transported to and from events by volunteer adult drivers authorized by LifeSpring Church.

Medical Release

I hereby authorize the LifeSpring Church leaders, volunteers, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize the LifeSpring Church leaders to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

I further give permission for my child to participate in all activities sponsored by LifeSpring Church except as noted:

_____

_____

_____

Behavior

Students are encouraged to have fun! Rules and guidelines will be explained and are expected to be followed. Adults, especially chaperones and student leaders, are to be respected and will be tasked with enforcing the rules. The Student Pastor (or his designee) will be the final arbiter in any disciplinary decision. Should a student be required to leave a trip early for behavior issues, parents will be called to pick up their student immediately.

_____	_____	_____
Signature of Parent or Legal Guardian	**Printed name of Parent or Guardian**	**Date**

Please complete the reverse side.

NOTE: LifeSpring Permission Slips will be valid for ONE YEAR unless revoked by parent in writing.

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Phone Numbers	Phone Type (Home, Mobile, etc.)

Name(s)

Street Address

City State Zip

Parent(s)/Guardian(s) Email address(es)

Other Emergency Contact(s)

Name(s) Relationship to Participant

Physician

Name

Phone

Medical Insurance Company

Policy/Group Number

Name of Policy Holder

Dentist

Name

Phone

Dental Insurance Company

Policy/Group Number

Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc: _____

Does your child wear glasses or contacts? _____

For your child's safety and our knowledge, is your child a good, fair or non-swimmer? _____

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures): _____

Please list any non-prescription (over-the-counter) medication you do **NOT** want dispensed to your child: _____

Please list any additional information relevant to participating in LifeSpring Student activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

_____