

## Church of God District/County Youth Event Registration and Parental Consent Form

ATTENTION Youth Leader: You need to have a copy of this form with you as you travel to and from the event, so please make a copy for your records.

Name of Event: COG Youth New Year's Eve Event at Clairemont Church of God

Event Dates: Friday, Dec. 29th - Saturday, Dec. 30th 2017

Church Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

### Minor Release of Liability and Medical Consent Form

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ do hereby request that the above named child be permitted to attend the above named event on the date specified. I agree and consent to have the staff members, under whose auspices the trip is conducted, and any other worker who has been approved as guardian for this trip, to secure any medical care or treatment that may be necessary for my child during the entire event, including travel to and from the destination. I further assume all responsibility for any decisions made and emergency care or treatment so secured by or for my child.

Do you have hospitalization insurance: Yes No

Policy ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list ALL allergies:

DRUG	INSECT/PLANTS
FOOD	DIET RESTRICTIONS

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers. Aspirin, Tylenol, Ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of \_\_\_\_\_. I understand that these are stocked by the First Aid personnel and may be dispensed free of charge as needed for the comfort of my child.

List medications student will require while at event and reason for taking the medicine.

---

*All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_