

Jubilee YOUTH GROUP CONSENT FORM

Purpose of Trip: _____

Youth Pastor: _____ Acting Leader? Yes NO

Trip Dates: ____/____/____ to ____/____/____

Destination: _____

Staff Leader(s) _____

Departure Site: _____ Departure Time: _____

Return Site: _____ Return Time: _____

Mode of Transportation: (if necessary) _____

YOUTH INFORMATION

Youth Name: _____ Jr. High High School

Date of Birth: _____ Male Female

Address: _____ City _____ St _____ Zip _____

PERMISSIONS AND RELEASES

1. I give my permission for my child (named above) to participate in this trip. I further agree that Jubilee Church, its pastoral staff, leaders and any members of Jubilee Church will not be held liable for any accident, illness, trauma or death while my child is on the aforementioned youth event.

2. I further authorize the "acting leader" of this event to obtain; and hereby authorize any emergency medical treatment for my minor child deemed necessary by a qualified physician or hospital during my absence. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to, and agreement to pay for the dental, medical, or hospital care or treatment, to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

3. Pick up of my child will be made by: _____

Relationship to child

Cell Phone

(Signature of Parent/Guardian)

Date

EMERGENCY CONTACT INFORMATION

Parent/Legal Guardian: _____ (print)

Address: _____

City State Zip

Secondary Guardian Relationship Phone

Child's Medical Insurance _____

Insurance Number _____

To be completed by Jubilee Staff

Original to be kept by Acting Leader during the trip. Upon return, original to be kept in the HR Office.

Copy of each form will be submitted to the Executive Pastor at least one week before the trip.

(Signature of Jubilee Executive Pastor)

Date

(Signature of HR Representative)

Date