Abundant Life Church – Student Ministries Parent Permission Form

For Staff Use:
Amount: $_____
Check # _____
Date Rec'vd. _____

My child, _____ has permission to go with Abundant Life Church to: Lake Shasta Houseboats from July 26th – Aug. 1st, 2009.

Parent/Guardian Information:

Parent/Guardian: _____ Parent e-mail: _____

Address: _____

Home Ph: _____ Cell: _____

Emergency Contact Information:

Alternate Emergency Contact: _____

Ph: _____ Relationship: _____

Medical Information:

If necessary, please use the back of this sheet for additional specific medical instructions.

All medical information on this form is confidential and is only for the use by the adult sponsors, Pastor of Student Ministries, or medical staff at the event.
Is the student currently dealing with any of the following: ❑ Asthma? ❑ Seizure Disorder? ❑ Allergies? ❑ Other:

If needed, please explain: (use back if necessary): _____

- Medications: _____
- In the event it is needed, may event medical staff or ALC adult sponsors administer over the counter medications such as Tylenol, Benadryl, Pepto Bismal, etc.? **Yes / No**

Physician Name: _____ Phone: _____

Medical Insurance _____ Policy/Group # _____

Student Guidelines for Participation:

Parents please read and sign below. Also, please review the Student Guidelines and initial the Student Commitment.

I do release and hereby agree to hold blameless Abundant Life 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 ALC events. I also release the lessor of the properties, on which the event is held, further…

I do authorize the Pastor of Student Ministries or ALC adult sponsors on this activity; in the event I cannot be reached by phone, to give consent to a physician and or hospital for emergency medical or surgical treatment while on this event. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Parent/Guardian Signature: _____ date: _____

Students, please read and sign:

- I understand and I will honor the schedule established by the ALC staff.
- I understand and I will honor the established music guidelines. I will not bring a cell phone, personal music listening or electronic game devices on this trip.
- I understand that I'm not allowed to POSSESS or USE tobacco, alcohol or any other type of drugs.
- I understand there is no public display of affection (PDA) between males and females.
- I understand the need for separated sleeping arrangements on overnight activities and I will honor this. **Guys only in guys' dorms, girls only in girls' dorms.**
- I will honor any additional rules that may be stated specific to each event.

Student Commitment

By signing below I commit to follow these guidelines and will respect ALC's Student Ministry leadership. I understand these guidelines are in affect during travel to and from the event, as well as at the event itself. I also understand if I choose not to follow the guidelines the consequences may include me being sent home from this activity at my parents' expense.

X _____ X _____
Student Signature Parent Initials

Student Birthday: ____ /____ /_____ **Age:** _____ **Grade in Fall '09:** _____ **School:** _____

Student E-mail: _____

Jonathan Stroud – Pastor of Student Ministries – Abundant Life Church
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