

# First Christian Church of Katy

## YOUTH AUTHORIZATION AND RELEASE FORM

Youth's full name: \_\_\_\_\_

Male       Female       Date of Birth: /\_\_\_\_\_/\_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Youth's Cell: \_\_\_\_\_

Youth's Email Address: \_\_\_\_\_

Parent / Guardian Cell: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Parent / Guardian Email Address: \_\_\_\_\_

Parent / Guardian Cell: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Parent / Guardian Email Address: \_\_\_\_\_

### **MEDICAL INFORMATION**

Medical Insurance Company: \_\_\_\_\_

Policy # / Group #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Prescription Medications (RX name, amount, and frequency): \_\_\_\_\_

Over-the-Counter Medications (RX name, amount, and frequency): \_\_\_\_\_

Recent Hospitalization (reason): \_\_\_\_\_

Allergies (product and type of reaction): \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Physical Limitations / Restrictions: \_\_\_\_\_

**Are there ANY conditions, concerns, or information of which we should be aware?**

**Emergency Contact Information**

Emergency Contact's Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alt. Emergency Contact's Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**We (I), the undersigned parent(s) or guardian(s) of:**

\_\_\_\_\_  
(Youth's name)

give our (my) permission for travel and participation in church-organized events, including but not limited to W<sup>3</sup> and Super-Sized Sundays. This permission and authorization is good for one year from the date indicated below.

We (I) hereby grant full permission, free and clear of demands, to First Christian Church of Katy to use photographs of the youth listed above in promotional or advertising materials either on the church's website or in various printed publications.       **YES**       **NO**

It is understood that neither First Christian Church of Katy (commonly referred to as FCC of Katy), nor any of its board members, officers, employees, or youth sponsors are liable for any accident or injuries that may occur to the above named student as a result of his/her participation in these events.

We (I) acknowledge that in case of an emergency, illness, or accident an attempt will be made to reach the emergency contact people we (I) have listed. However, if no one can be reached, we (I) authorize the youth sponsors to take whatever action is deemed necessary in their judgment, for the health of our (my) child. We (I) will be responsible for any associated costs and expenses.

This authorization also serves as permission to the physician or hospital selected by the youth sponsors to hospitalize, secure proper treatment for, and to order injections, anesthesia, and/or surgery for our (my) child.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

NOTARY SEAL

NOTARY \_\_\_\_\_

DATE \_\_\_\_\_