



Consent and Emergency Contact Information

Name of Youth: _____ Birthdate: _____ Grade: _____

Parent/Guardians' Names _____ Contact Email: _____

Address: _____ City: _____ Zip: _____ State: _____

I, (we) the undersigned parents or guardians of _____, give permission for participation in the Student Ministry Activities of Kensington Community Church UCC of San Diego, CA.

Release of Liability

With this form I release and discharge Kensington Community Church and its authorized representatives and staff from all liability. In the event of an accident or illness, I hereby grant permission to said staff or representative to act as agents for me and I consent to reasonable intervention, including first aid and emergency medical/surgical diagnosis and/or treatment and hospital care which is deemed necessary.

Date: _____ Parent/Guardian Signature: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact (Other than Parent/Guardian) : _____

Relationship to Youth: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Health Information:

Please share any pertinent medical information about the child/youth:

Primary physician name/contact: _____

Allergies: _____ Medications: _____

Special concerns: _____

Walking Home From Church

___ My child has permission to walk home from church events on his/her own.

___ My child does not have permission to walk home from church events on his/her own.

_____ *Parent Signature and Date* _____