

**Parental Consent Form for Participation in Activities  
with Park Hill Christian Church and/ or The Northland Youth Group  
Effective from September 1, 2017 through September 1, 2018**

Child/Youth's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Child/Youth's Household or Primary phone: \_\_\_\_\_

Child/Youth's own cell phone (if applicable): \_\_\_\_\_

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

Parent/Guardian Name(s) and Phone Number(s):  
\_\_\_\_\_  
\_\_\_\_\_

Alternate Emergency Contact Name & Phone Number:  
\_\_\_\_\_

I hereby give permission for my child to participate in church activities of Park Hill Christian Church, Kansas City, Missouri. I understand that reasonable precautions will be exercised by the adults chaperoning each event, but that neither the adults chaperoning such events nor Park Hill Christian Church nor any of our partner congregations with shared events will be responsible for theft of or damage to personal property, nor for bodily injury.

Unless otherwise noted below, I certify that my child is in good health and physically able to participate in such activities. Unless otherwise noted below, I give permission for my child to be photographed and for those photos to appear on the churches' websites and/or newsletters.

Any medications or special needs have been noted on the medical treatment authorization form.

This permission shall remain in effect until September 1, 2018 unless terminated in writing.

Signature

\_\_\_\_\_  
Parent/Legal Guardian,

\_\_\_\_\_  
Date

**\*please fill in both sides of this form**

**Medical Release  
for Park Hill Christian Church and Partner Congregations**

**Name of Child/Youth:** \_\_\_\_\_

**Medical Information/ Needs:**

Please list all medications (with dosage) you child takes regularly. Please also indicate if your child/youth could need a dose of anything during our scheduled activities (inhaler, epi-pen, etc.):

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Is your child allergic to any medications? \_\_\_\_ If so, please list:

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Does your child have any allergies to bee stings, foods, or any other allergies we should be aware of? \_\_\_\_ If so, please list. Please also list any other health concerns we should know.:

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**Permission for Treatment:**

My permission is granted for the church(es), pastor(s), other staff personnel and/or other adult(s) in charge to obtain necessary medical attention in case of sickness or injury to my child.

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Name (Printed)	Relationship to Child/Youth	Date
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Signature \_\_\_\_\_