



# Youth Parent Consent Form

Packinghouse Church 27165 San Bernardino Ave. Redlands, CA 92374  
Church Office: (909) 793-8744 / fax (909) 335-1554 / www.thepackinghouse.org  
Hours: 9am-5pm M-Th, 9am-4:30pm Fr

Name \_\_\_\_\_  
(First) (Middle) (Last)

Male  Female / Age \_\_\_\_\_ / DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_

School Year 20\_\_\_\_ to 20\_\_\_\_ :  K  1  2  3  4  5  6  7  8  
 9  10  11  12 School: \_\_\_\_\_

Family email contact: \_\_\_\_\_

I, \_\_\_\_\_  
the Parent/Legal Guardian of the above named student living at:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

...do give my consent to have my son/daughter participate in the activities/  
programs sponsored by The Packinghouse Redlands.

## Health History:

**IMPORTANT: MUST BE COMPLETED & SIGNED BY PARENT/GUARDIAN**

To protect your student from possible embarrassment, but not exclude him/her from the activities/  
program, the following information is requested. Check and give approximate dates if possible:

### GENERAL & ALLERGY: month/year

Heart defect/disease \_\_\_\_ / \_\_\_\_

Convulsions \_\_\_\_ / \_\_\_\_

Diabetes \_\_\_\_ / \_\_\_\_

Bleeding/Clotting disorder \_\_\_\_ / \_\_\_\_

Hay Fever \_\_\_\_ / \_\_\_\_

Insect Stings (allergic) \_\_\_\_ / \_\_\_\_

Penicillin (allergic) \_\_\_\_ / \_\_\_\_

other drug allergies/sensitivities \_\_\_\_\_

### DISEASES: month/year

Chicken Pox \_\_\_\_ / \_\_\_\_

Measles \_\_\_\_ / \_\_\_\_

German Measles \_\_\_\_ / \_\_\_\_

Mumps \_\_\_\_ / \_\_\_\_

Asthma \_\_\_\_ / \_\_\_\_

Other \_\_\_\_\_

Do you know of any health factor that makes it advisable for the student to follow a  
limited program of physical activity?  Yes  No \_\_\_\_\_

## Prescription Instructions:

Medication

Dosage

When Taken

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medication (including prescriptions) to be administered during your student's time engag-  
ing in activity/program usually will be administered by his/her Youth Leader or designated rep-  
resentatives. All medication should be clearly labeled with all pertinent information, including,  
but is not limited to, student's FULL name, dosage, AND times to be administered. Any and all  
medication should be given to Youth Leader or designated representative at time of arrival to  
the activity/program.

## Emergency Contacts:

Father: \_\_\_\_\_ Contact #: \_\_\_\_\_

Mother: \_\_\_\_\_ Contact #: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Authorization / Waiver:

\*\*In the event of a minor illness or injury (such as headache, cold, scrapes, abrasions, and/or  
cuts, I do authorize the Youth Leader or designated representatives, R.N. EMT to give my  
student common remedies such as Tylenol, cough medicine, etc., in dosages appropriate  
for his/her age, and to clear and bandage or wrap wounds as necessary.

The health history is correct as I know, and the person herein described has permission to  
engage in all prescribed youth activities/programs sponsored by Calvary Chapel of Redlands  
(Packinghouse Youth Ministry), unless otherwise noted by parent/guardian or physician thereof.  
I hereby give permission to the physician selected by the Youth Leader (or his/her representative  
to order X-rays, routine tests, and treatment for the health of my student and to order injection  
and/or anesthesia and/or surgery for my student named on this form. This authorization is given  
pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain in effect  
through the extent of the scheduled activities/program with Calvary Chapel of Redlands (Pack-  
inghouse Youth Ministry), unless sooner revoked in writing and delivered to the said agent. I  
further agree that Calvary Chapel of Redlands (Packinghouse Youth Ministry), it's Board of  
Directors, officers, and staff are hereby relieved of all liability in the event of accident or injury  
to said minor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Minor's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name:

First Name: