



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 ____ - ____ - ____

Grade for '10-'11 school year: 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: