

# Parent Consent Form 2023-2024

Circle: CCF Youth (6th - 8th) / (9th - 12th)

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

I, (name of parent or guardian) \_\_\_\_\_ grant permission for my child (name of child) \_\_\_\_\_ to participate in CCF Youth activities and program, including those that require transportation to a location away from the CCF site. Individuals in charge or/and responsible for CCF Youth and activities will take place under the guidance and direction of **CCF Staff Member/s, Youth Staff, Volunteers**

Type of events or activities: **All CCF Youth Events.**

Destination of events or activities: Locations will be specified in event promotion materials for each event, but will include activities such as **Regular Youth Group Programming, One-on-One Discipleship, Pool Parties, Park Activities and Sports, Mission Trips, Beach Trips, Theme Parks, etc.**

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant").

***Emergency Medical Treatment:*** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital/doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

Name & Relationship: \_\_\_\_\_

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

Participant's Doctor: \_\_\_\_\_

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

Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

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

Date: \_\_\_\_\_