

Sports and Youth Activity Permission Form

Westwood Hills Christian School
1520 SW 34th St.
Gainesville, FL 32605

Activity: _____
Date of Activity: _____

Minor's Name: _____
Minor's Address: _____
Minor's Phone Number: _____

I, _____, the parent or legal guardian of the above-named minor, hereby give my permission for his/her participation in the youth activities named above. I agree to direct my child to cooperate and conform to directions and instructions of personnel responsible for the activities.

I agree that in the event my child is injured as a result of his/her participation in the above-named activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the activity or the church program, or any of its agents or employees; recourse for the payment of any hospital, medical, dental, or related costs and expenses will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physical, surgeon, and dentist licensed under the Medical Practice Act and Dental Practice Act. As parent or legal guardian, I am responsible for the health care decisions of my child and am authorized to consent to services to be rendered, and no other consent is required by law.

I hereby give permission to the physician selected by the activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist.

Parent or Legal Guardian Signature _____
Date _____
Print Name of Parent or Legal Guardian _____
Relationship _____

Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____

Contact Person (other than parent): _____
Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____

Name & Phone of Primary Doctor: _____
Health Plan & Policy Number: _____
Allergies or Medicine Allergy: _____