

**Information and Authorization Form for Children and Youth
Bethany Christian Church, Roanoke, VA**

Child/ Youth Name and Birth date:

Address:

Email address:

Parent(s) / Guardian(s):

Phone numbers:

(home)

(business)

(cellular)

(business)

(other)

I, _____, the undersigned parent or legal guardian of _____, hereby consent to his or her full participation in the activities of Bethany Christian Church, Roanoke, VA whether on church property or away. I understand that accidents do happen and hereby release Bethany Christian Church, Roanoke, VA and its ministers, youth leaders, unpaid volunteers, and other employees, agents and representatives from any liability or other legal or financial responsibility for supervision of the above-named child, or for any such injury or damage suffered by that child or his or her parents, guardians or legal representatives by reason of such supervision or lack of supervision, or otherwise by reason of that child's participation in any event conducted or sponsored by that church, in each case absent the gross negligence or willful misconduct of that church. In the event of any such accident or other situation in which the above-named child may require emergency medical or dental care, I hereby authorize an adult representative of Bethany Christian Church, Roanoke, VA, in my absence, to seek out and consent to any necessary medical or dental care for the above-named child, when either I or my assignee cannot be contacted after a reasonable attempt to do so. I understand that reasonable effort will be made to contact me before such action. I assume financial responsibility for such emergency care.

Signature of Parent / Guardian Date _____

Persons to contact in case of an emergency:

Name Relation to child:

Home Phone#

Other #

Physician Phone #

Medical / Hospital Insurance Carrier:

Policy / Group Number:

Allergies: Check all that apply

Animals Plants

Food Pollen

Insect bites/stings

Hay-fever

Date of last tetanus shot

Are activities restricted in any way?

If yes, please explain

No

Drugs

Other

Yes

Special Needs - any other information that will help us to better serve your child:

Transportation Release

I, _____, the undersigned parent/guardian of _____, hereby give permission for the above-named child to ride with an approved adult driver. No Yes

List people your child may ride with:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Every reasonable effort will be made to insure that an approved adult driver is the provider of transportation for official church events, departing from the church. If it becomes necessary for youth of driving age to transport one another to official events for scheduling or car pool reasons, that arrangement is between the parents of the youth involved. Likewise, if youth leave the church property for impromptu gatherings or events, the issue of transportation and youth drivers and riders is between the parents of the involved youth and/or the youth themselves.)

Signature of Parent / Guardian, Date _____