



2019 Contact & Consent Form

This form is to be completed by the parent or guardian of the teenager attending Berry Youth. (Please fill out one per young person.)

Youth Information

Name _____ Grade _____ DOB _____ Male/Female
Preferred Name _____ School _____
Primary Address: _____
Youth Mobile: _____

Parent/Guardian Information

Name(s) _____
Email(s) _____

List all phone numbers where the parent/guardian can be reached

Name _____	# _____	Type _____
Name _____	# _____	Type _____
Name _____	# _____	Type _____

Medical Information

Emergency Contact _____ Phone: _____
Medical Insurance Company _____
Policy # _____ Member's Name _____
Allergies / Meds _____
Medicare # _____

Please indicate Y/N:

- I agree to photographs and short videos of activities including my Youth to be taken for use within the church community.
- I agree to photographs or short videos including my Youth to be used to possible publication including newspaper or internet.
- I agree to any emergency treatment to be given as considered necessary.
- I recognise that circumstances/information changes and if it does, it is my responsibility as a parent/guardian to make the organisers aware in writing so that changes can be made to the existing form or a new form can be completed.

I give permission for _____ to attend the Youth Ministry at Berry Community Church. I understand this may involve activities, events, outings and other functions. If any activity commences outside the grounds of Berry Community Church I expect to be notified.

Signature _____ Date _____
Name _____