



**COMPASS POINT CHURCH
PARENTAL PERMISSION AUTHORIZATION FORM**

BASIC INFORMATION

Child/Teen Name: _____ (Last)(First)(M.I.)

Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parent(s)/Custodial Adult(s) Name(s): _____

Parent(s)/Custodial Adult(s) Phone numbers: Work phone(s): _____

Cell phone(s): _____

EMERGENCY CONTACT INFORMATION

1) Name: _____ Daytime phone: _____

Relationship: _____ Evening phone: _____

2) Name: _____ Daytime phone: _____

Relationship: _____ Evening phone: _____

MEDICAL INFORMATION

Name and phone number of primary treating physician: _____

Allergies (including medications child/teen can NOT take) / Special Health Concerns: _____

MEDICAL CARE AUTHORIZATION

As the parent(s) or custodial adult(s) of _____ (child/teen's name), I/we give permission for Compass Point Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent/Custodial Signature

Parent/Custodial Signature

Medical Insurance Company: _____

Policy/Group Number: _____

Participant I.D. Number: _____

Medical Insurance Phone Number: _____

PERMISSION TO PARTICIPATE

I/we give permission for _____ (name of child/teen) to participate in the activities of Compass Point Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/teen to participate in the activities of Compass Point Church, I/we release Compass Point Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/teen arising from my/our child/teen's participation in the activities of Compass Point Church; and I/we agree to indemnify and hold forever harmless the Compass Point Church Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Compass Point Church or resulting from traveling to or from the activities of Compass Point Church, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/teen's medical and insurance information as changes occur.

Parent/Custodial Signature

Parent/Custodial Signature

VEHICLE TRAVEL PERMISSION

I/we give permission for my/our child/teen to travel in a privately owned or Compass Point Church vehicle operated and occupied by only one (1) adult.

Parent/Custodial Signature

Parent/Custodial Signature

PHOTO/VIDEO PERMISSION

I/we understand that my child may be photographed or videotaped while participating in the activities of Compass Point Church. I/we give permission for a recognizable image of my child to be posted on the Compass Point Church website, social media networks, online video sites and worship service productions. I understand that a non-recognizable image of my child/teen, such as a group picture does not need my permission to be use in the above written manners.

Parent/Custodial Signature

Parent/Custodial Signature