

Student Permission Form, Medical Form and Liability Waiver September 2023 – August 2024

CHILD'S INFORMATION

Child's Name:	Birthdate:
Parent/Guardian 1:	Parent/Guardian 2:
	Cell Number 2:
Student's Address:	
List two additional emergency co	ntacts:
Contact 1:	Phone:
Contact 2:	Phone:
PERM	IISSION and LIABILITY WAIVER
Storrs Community Church events	, the parent/guardian of, the parent/guardian of ("my child"), give permission for my child to attend s from September 2023 through August 2024.
	afety precautions will be taken at all times by the staff and Church during the events and activities.
• .	to ride in any vehicle designated by Storrs Community volunteers, while participating in and traveling to and from
and we further agree not to hold	f unforeseen hazards and know the inherent possibility of risk; Storrs Community Church, its leaders, employees, and s, losses, diseases, or injuries incurred by the subject of this
volunteers at Storrs Community Caccredited hospital and/or physic	jury can and may occur to my child, and hereby authorize the Church to seek and obtain medical treatment for my child by an ian as deemed necessary; and I/we further agree to be liable n connection with such medical attention.
<u> </u>	sibility, financially or otherwise, for any damage my child may do nity Church, properties visited on outings, other's personal resportation.
I agree and consent to all of the a Parent/guardian PRINTED name	above stated. :
Signature:	Date:
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STUDENT COMMUNITY STANDARDS

The following behavior will not be tolerated at any Storrs Community Church children/youth gathering. Violation of these standards or being knowingly in the presence of others violating these standards, can and will result in consequences deemed appropriate by the clergy, children and family director, and advisors of Storrs Community Church, including, but not limited to, being sent home immediately at the participant's expense.

- *Possession or use of alcohol, tobacco, or illegal drugs
- *Possession or use of weapons, including pocketknives, firearms, and fireworks
- *Inappropriate sexual behavior
- *Physical altercation
- *Stealing from an individual or business

(Parent/Guardian Signat	ture)	(Date)	
(Student Signature)		(Date)	
Insurance Co:	MEDICAL INFO	No	
•			
Doctor:	City:	Phone:	
•	ng any prescription medica se space below if more is r	ation to events? \square Yes \square No needed.):	
Name:	dosage	e: frequency:	
Name:	dosage	e: frequency:	
supervision?		hould be aware of that require extra adu	
, ,	(including food allergies) a	and/or other conditions that we should b	ре

