

TEEN AUTHORIZATION & RELEASE FORM

Attention Parents:

In preparing for the start of this year's Teen Ministry, we ask that you provide the following basic information about your child and sign the permission slip allowing them to participate in the Buffalo Church of Christ Teen Ministry Program.

Your child may not attend any Teen Ministry events without this completed form!

Teen's Name: _____	Information about any current medical condition(s): (If none, please write the word "NONE.")
Birth Date: _____	_____
Home Address: _____ _____	_____
Parent/Guardian Name: _____	_____
Home Phone: _____	Medications currently being taken:
Cell Phone: _____	_____
Emergency Contact Name/Relationship: _____	_____
Emergency Contact Phone Number: _____	Other: _____

PARENT/GUARDIAN APPROVAL AND STUDENT WAIVER

(Please complete the following waiver.)

_____ (name of minor) has my/our permission to participate in the Buffalo Church of Christ Teen Ministry Program from **September 2011 through September 2012** under the supervision of screened and trained Teen Workers. I consent to my child being driven to Teen Ministry activities by screened and approved Teen Workers designated to transport the teens. If attending Friday Night Light (FNL) on Fridays from 10p.m. to midnight, I consent to my child attending the event as well as a reasonable travel time to get home after the event. As the parent(s)/guardian(s) of the minor, I do hereby, for my child, myself, my heirs, executors, and administrators, remise, release, and forever discharge the Buffalo Church of Christ and its Officers, employees and agents, acting officially otherwise, from any and all claims, demands, actions or causes of action of referred. I hereby certify that the minor is my **(please circle – SON or DAUGHTER)** and I do hereby certify that to the best of my knowledge and belief that the said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payments of costs. I hereby advise that the above named minor has made known all the following allergies, medicine reactions or unusual physical conditions which should be made known to a treating physician, and also on this participation waiver.

This permission slip is valid for the following dates: **September 7, 2011 – September 7, 2012.**

(Signature of Parent/Guardian)

(Date)