



CHILD/YOUTH ACTIVITY SINGLE EVENT PERMISSION FORM

Event Name _____ Place _____

Dates ___/___/___ through ___/___/___ Mode of Transportation _____

General Information

Youth Name _____ Birth Date _____ Grade _____

Youth Address _____

Youth Cell # _____ Youth Home # _____ Youth Email _____

Parent's/Legal Guardian's Name _____

Parent's Cell _____ Parent's Work # _____ Parent's Email _____

Emergency Contacts Authorized to Act on Parent's/Legal Guardian's Behalf

1. _____
(Name) (Phone) (Relationship)

2. _____
(Name) (Phone) (Relationship)

Medical Information

Physician Name _____ Phone _____

Medical Restrictions _____

Allergies _____

Medications _____
(Name/Dosage/Times/etc.)

Additional Information _____

Insurance Carrier Name _____ Phone # _____ Policy # _____

I give ECC permission to use my child's picture solely for the ECC website or Facebook Page. Your child's name will not be used with the publication. Yes No

By signing this form, I give my son(s)/daughter(s) permission to attend the activity indicated above.

Emergency Authorization: In the event of a medical emergency and when a contact cannot be made in a timely manner with me or the emergency contacts listed, I give my permission for my child to receive appropriate medical attention. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company for treatment purposes.

Parent/Legal Guardian Signature _____ Date _____

Print Parent/Legal Guardian Name _____

Acknowledgement of Restrictions Due to COVID 19

Student Name: _____
(Please Print)

I acknowledge and agree to the following:

1. There are potential increased risks in contracting the coronavirus (COVID-19) associated with participating in an in-person ECC youth activity. I have reviewed the following CDC guidance titled What you should know about COVID-19 to protect yourself and others:
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>
2. I will comply with all applicable guidelines and directives from federal, state, and local government and public health officials, including but not limited to, social distancing, face covering requirements, testing, and proper hand hygiene.
3. I understand that if I develop symptoms of COVID-19 or another illness, I must immediately contact my ECC youth leader and my primary health care provider. I must comply with the requirements for self-quarantine and/or isolation prior to beginning or returning to ECC youth activities.
4. I agree to comply with all compliance and safety rules, and health screening practices for my participation in ECC youth activities.

Understanding these risks, I agree to participate/have my child participate in ECC youth activities.

Student Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Print Parent/Legal Guardian Name _____