

Southland Community Church
5800 W Smith Valley Road Greenwood, Indiana 46142 317-883-8988
PERMISSION FORM/Limited Power of Attorney
Duration: January 1, 2026 – December 31, 2026

PART 1: For the Student

I, _____ (Student), desire to participate in the activities of the Southland Community Church Student Ministry, and promise to follow the instructions of the Student Ministry Staff and volunteers and to respect the rights of others. I promise not to bring or use alcohol, tobacco, weapons, illegal drugs, fireworks, or other inappropriate materials. I agree, if I violate this promise, my Parent(s)/Guardian(s) may be notified and I may be sent home at my expense, before the activity is over. The duration of this agreement is one year as set forth above.

Student Signature _____ Date _____
Age _____ Grade _____ Birth date _____

PART 2: For the Parent/Guardian

I/We, the undersigned, hereby grant _____ (son/daughter) permission to attend and participate in all activities of the Southland Community Church Student Ministry. We hereby give permission for the above-named minor to ride in any vehicle designated by the Student Ministry staff in whose care the minor has been entrusted while attending and participating in activities sponsored by the Southland Community Church Student Ministry.

LIABILITY WAIVER

I/We further permanently release and hold harmless Southland Community Church, the individual volunteer staff members and all staff members and leaders of Southland Community Church from any civil liability for loss, injury, or damage to my son/daughter or property which may result from his/her participation in any activities covered by this permission form. The duration of this agreement is one year as set forth above.

PHOTO PERMISSIONS

I/We further grant permission to Southland Community Church (SCC) to use photographs and/or video of my son/daughter in social media post, email newsletters, website graphics, and in other communications related to the mission of Southland Community Church. Please initial next to the option(s) that reflect how you would like us to handle media that includes your student(s):

SCC may use solo pics/vids depicting my student _____

SCC may only use group shots depicting my student _____

SCC may only use group pics/vids in which the face is obscured/not visible _____

LEADER-STUDENT MESSAGING PERMISSIONS

We use group messages and a text notification system to communicate with all of our students. It is also common for students to sometimes interact individually with the youth pastor and/or volunteer youth leaders using text/social media messaging. We understand, though, that not every parent is comfortable with this type of 1-on-1 interaction and seek to always operate within the expectations of the parents. Therefore, please initial next to the option that you would like us to use when communicating with your student(s):

The Youth Pastor and/or volunteer youth leaders may directly text/message my student _____

The Youth Pastor and/or volunteer youth leaders may only use group texting/messaging to communicate with my student _____

The Youth Pastor and/or volunteer youth leaders may only communicate with my student through a parent/guardian _____

LIMITED PURPOSE POWER OF ATTORNEY

Consent to Treatment of a Minor

A. The undersigned appoint and delegate to the Student Ministry staff the power to consent on our behalf to all emergency treatment and/or medical/dental care (except elective) of _____ (son/daughter) determined to be necessary or desirable by the student's attending physician/dentist at his/her hospital.

B. The Power of Attorney shall continue for the period set forth above while such student is under the supervision of the student ministry staff or until revoked in writing by the undersigned. Physicians, medical staff or dentists may rely on the fact that this authorization is in effect unless notified otherwise.

C. The undersigned certify that they have read and understood this Power of Attorney.

D. In the event of medical/dental treatment, parents/guardians are completely responsible for any treatment cost incurred.

Student Initials _____ Parent Initials _____

In case of the need for medical or dental attention, the Student Ministry staff will contact you as quickly as possible.

HEALTHCARE INFORMATION

1. Student Name _____

2. Insurance Company _____

3. Policy Holder Name _____

4. Policy Number _____ Group # _____

6. Insurance Company Phone Number _____

7. Prescription Insurance (if different from above): Company _____

Policy Holder _____

Policy Number _____

8. Allergies _____

9. Medications now being taken (name, reason given, amount given)

10. Conditions/problems _____

11. Family Physician Name/Number _____

UNDERSIGNED SIGNATURE OF PARENT OF GUARDIAN

Parent/Guardian signature: _____ Date: _____

Relationship to minor: _____

Parent/Guardian 1 Phone _____

Parent/Guardian 2 phone _____

Parent/Guardian Address:

Backup Emergency contact (other than parent /guardian):

Relationship to minor: _____ Phone _____