



Consent Form

The Presbytery of West Jersey
Youth Event

Dear Parent/Legal Guardian,

Your son/daughter has shown an interest in participating in **World Vision's 30 Hour Famine**. Participation means that your son/daughter will:

- Sign up 30 Hour Famine sponsors and collect money to help those around the world who suffer from hunger, poverty, and a lack of hope.
- Miss three main meals by fasting for 30 hours.
- Drink only water and juice during those 30 hours.
- Turn in the Famine Student Guide and money raised to his or her Famine leader during the Famine event.
- Participate in indoor and/or outdoor service projects in the surrounding Southern NJ area.
- Spend the night at a local Presbyterian church with other 7th-12th grade students.

If your son/daughter is not physically capable of fasting for 30 hours, he or she can still participate in a modified fast. Please contact your group leader if you would like to discuss this option. Before we issue a Famine Student Guide to your child, we would like your acknowledgment that you support his or her participation.

Thank you.

Group Leader (please print)

Name of Church (please print)

I have no objection to my child, _____, participating in World Vision's 30 Hour Famine.

Signature of Parent/Legal Guardian



World Vision is a Christian relief and development organization dedicated to helping children and their communities worldwide reach their full potential by tackling the causes of poverty.

Fasting is a physical benefit for most people. Exceptions are children under 12 years of age, the elderly, diabetics, those pregnant or nursing, and others who have had recent surgeries or have other specific medical problems. Most youth will have no problems completing the 30 Hour Famine; however, modifications can be made as necessary. If you have any health-related questions about your child's participation in the Famine, please consult your doctor.

For more information on fasting, you can request a "Facts on Fasting" sheet from your Famine group leader. You can also obtain this sheet by calling **1-800-7-FAMINE** or finding it at **www.30hourfamine.org**. Please do not send this consent form to World Vision.

Registration Form

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Participant's Name _____ DOB ____/____/____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Shirt Size (men's long-sleeved) _____

Emergency Contact _____ Phone Number _____

Medical/Health Insurance Information

Medical Doctor _____ Phone Number _____

Insurance Company _____

Policy Number _____

Insurance Company Phone Number _____

Any Medical Problems/Allergies/Medications:

Other Medical/Dietary Information:

Permission for Publicity

I consent to the use of any audio or visual record (video tape or photograph) of the child named above or me, if I am participating, to be used, distributed or displayed as agents of the Presbytery of West Jersey see fit (such as in flyers, on websites, on displays in churches).

I give permission for publicity: _____ Date: _____

I do not give permission for publicity: _____ Date: _____