



Youth Event Permission Slip

I hereby give permission for my child to participate in the event listed below.

My child and I are aware of and understand that participating in any church trip, event or activity may be potentially hazardous due to circumstances such as (but not limited to) falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with this activity.

By submitting this form, I assume all risks associated with participation in this trip, event or activity.

Event/Activity: _____ **Event/Activity Date:** ____/____/____

Youth First & Last Name: _____
(Required)

Age: _____ **Grade:** _____ **Youth's Cell Phone #** _____

Youth Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Youth's Email Address: _____

Emergency Information

Parent/Guardian First & Last Name: _____
(Required)

Parent/Guardian Email Address: _____
(Required)

Parent/Guardian Home Phone: _____ (Required) **Cell Phone:** _____ (Required)

Alternative Emergency Contact Information

First & Last Name: _____
(Required)

Phone: _____
(Required)

Health Information **Family Physician:** _____

Health Insurance Provider: _____ **Policy Number:** _____

Allergies or Dietary Restrictions: _____

Medications: _____

Other Needs/Information: _____

Permission

This youth has my permission to: Ride in the car with a Youth Group Adult Sponsor

Ride in the car with another member of the Youth Group that is licensed to drive

As the parent/guardian of the listed youth, I hereby authorize any necessary hospital care or medical and surgical procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by a physician to safeguard my child's health in the event that I cannot be contacted. I waive my right of informed consent for such treatment.

Parent/Guardian Signature: _____ **Date:** ____/____/____