

(Your churches name here) **Parent Permission Form**
Good for the Entire Year of _____

I give my consent for my son/daughter _____, to participate in, and travel to any/all of the various programs and activities that the (Your churches name here) Student Ministries sponsors, under the supervision of the adult sponsors. I will notify your name here (student ministry leaders) in writing if I want my child excluded from a specific event or activity that is being conducted by the (Your churches name here). Participation in any or all of the activities is voluntary. I hereby Exempt and release the (Your churches name here) Church from any and all Liability out of any damage, loss or injury to my son/daughter _____ or his/property while he/she is participating in any of the activities.

I give permission for the (Your churches name here) Church youth staff to authorize medical treatment and seek emergency medical care if necessary, for- _____ . I give the adult chaperones/leaders the authority to act on my behalf with respect to my child's health and safety while attending church events, with the understanding that I/emergency contact listed below will be contacted as soon as possible should the need arise. I accept full responsibility for expenses for medical treatment for my child.

In the event of an emergency, please notify:

Parents Name _____

Address _____

Home phone _____ Work Phone _____ Cell Phone: _____

Insurance Policy name _____ and # _____

Group # _____ Phone# _____

Allergies _____ Current Meds _____

Surgery or serious illness history: _____

Physicians Name: _____ Physicians Phone #: _____

Parents Signature _____ Date _____

Parents Printed Name _____

This form will be on file in the Church office and will be in effect until the December 31, _____