

**ANEWChurch.TV YOUTH
Permission Form**

Name _____ Date of Birth _____ Sex _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Work/Cell Phone _____ Work/Cell Phone _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name _____ Relationship _____ Phone Number _____

HEALTH INFORMATION:

Medication my child is taking at present _____

For headache or minor pain, my child may be given _____

Allergies _____

Other Medical Conditions _____

Insurance Company _____ Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

I, _____, GIVE PERMISSION FOR _____
Parent or Guardian Name Child Name

**TO PARTICIPATE in the Church activities. I warrant that my child is in good health.
I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense.**

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by Staff or Sponsors while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

Parent/Guardian Signature _____ Date _____