

Hope Church
Youth Ministry
Activity Permission Slip

I, _____, the parent or legal guardian of
(PARENT OR LEGAL GUARDIAN'S NAME)
_____, give my permission for _____ to
(YOUTH'S NAME) (YOUTH'S FIRST NAME)
attend _____ on _____
(ACTIVITY OR EVENT) (ACTIVITY/EVENT DATE)

and in all its related activities. I understand my child will be transported via car, church van, bus or airplane to and from this activity. I hereby give any chaperones, servants, employees or agents of Hope Church consent to seek any and all medical treatment that may be required in the event of an emergency and release from liability all actions taken in good faith during the activity or event.

Signed: _____
(PARENT OR LEGAL GUARDIAN SIGNATURE)

Print Name: _____

Date: _____

Emergency Medical Information

Medical Insurance Company: _____

Policy Number: _____

Family Doctor Name and Number: _____

Food Allergies: _____

Medicine Allergies: _____

Home Phone Number: _____

Emergency Cell #1: _____

Emergency Contact #1 Name: _____

Emergency Cell #2: _____

Emergency Contact #2 Name: _____