

YOUTH PERMISSION FORM

Please use black or blue ink.

Name of minor: _____ has my permission to attend the

following event: _____, with/at

Hope Fellowship Church, Lake Jackson, Texas. This event will be chaperoned by adults who have been approved to work with youth and children by Hope Fellowship.

In the event of a medical emergency, as parent or legal guardian, I do herewith authorize treatment of the minor listed above, under the discretion of any licensed physician, which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. I give my permission for any of Hope Fellowship's representatives to seek appropriate medical treatment for my child in the case where I may not be reached by telephone. Hope Fellowship Church of Lake Jackson and its members, employees, agents, and representatives (such as chaperones, drivers, etc.) are hereby released from responsibility for accident or injury to the aforesaid child arising out of the activities listed above.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Hope Fellowship from any liability thereof.

Date: _____ Signature: _____

Please circle relationship to minor: **Mother** **Father** **Legal Guardian**

Print name of parent/guardian: _____

Parent/guardian home phone: _____ Parent/guardian work phone: _____

Parent/guardian cell phone: _____

Doctor's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Please list any specific medical allergies, conditions or other pertinent information which the church/ advisors should be aware of regarding your child:
