

YOUTH EVENT PARENTAL PERMISSION FORM

Event you are attending: _____



Heritage Memorial Student Ministry

Name _____

Address _____

City/St./Zip _____

Phone(_____) _____

Grade _____ Birth Date _____

Emergency Phone(_____) _____ (required)

We are most appreciative of your trust in us, as we undertake to minister to your teen. For reasons that are apparent, we are requesting that you sign this Release of Liability and Consent for Medical Treatment form to allow us to have your child participate in the activity specified. Thank you for your cooperation, and please know that we take our responsibilities most seriously.

I hereby release and hold harmless from liability Heritage Memorial Church, Washington Court House, OH, its staff members, volunteer workers, and other employees and/or agents in the event of any injury to my teen not resulting from the negligence of any such staff, volunteers, employees and/or agents while my teen is engaging in any church or activity. I further consent to any hospital or medical care necessary for my teen, and such medical care may be approved by my Teen's leader/director and physicians immediately employed in any medical facility where they may be treated, including all emergency treatments which in the judgment of said physicians may be considered necessary or advisable for my teen.

I understand that this is a legally binding release and consent. I have carefully read this Release of Liability and Consent for Medical Treatment Form and fully understand its contents. Being aware of said contents I sign of my own free will.

Parent's Signature Date

Insurance Company Policy #

Medical Concerns _____

Student may be given:
 Tylenol Pepto Bismol Benadryl Other: _____