

2015 Permission/Release Form

Walter Hill Church of Christ 7 – 12 Grade Youth Group

Name of Teen: _____

Teen's Cell Phone: _____ Home Phone: _____

Father's Cell Phone: _____ Mother Cell Phone: _____

Work Phone: _____ E-mail address: _____

Address: _____

Parent(s) or Guardian(s) Name(s):

Address: _____

Emergency Contact (Other than a parent or guardian)

Name: _____

Address: _____

Phone Number: _____

Name of Insurance Company: _____

Policy Number: _____

As a parent or guardian, I hereby give my approval and consent for _____ to attend all Teen Youth Group functions, activities, trips, or events from January 1, 2015 – December 31, 2015.

In consideration thereof, I hereby relieve Walter Hill Church of Christ, Youth Minister, or any adult chaperone on said events my child is attending from any and all liability for sickness, accidents, or injuries of any nature or cause whatsoever while attending, coming to, or leaving said events.

Parent Signature

Parent Signature

Date ____ / ____ / ____

AUTHORIZATION FOR MEDICAL TREATMENT

TO WHOM IT MAY CONCERN:

The undersigned hereby authorize Elders, Youth Minister or any adult chaperone to contract for, request, or demand such medical treatment, including emergency services that he/she may deem necessary or appropriate for the health and welfare of my /our minor child, _____ . The undersigned consent a priority to any such treatment or care requested by these individual(s) and direct each doctor, nurse, or other medical specialist to whom this form is presented to comply with his/her wishes.

The effective dates of this authorization and consent shall be beginning January 1, 2015 and ending December 31, 2015.

Parent Signature

Parent Signature