

Parent / Guardian Permission Form

_____ has my permission to participate in
(name of participant)

_____ sponsored by Christ's Outreach Church. I have read the
(activity)
accompanying information about the activity. The following is our provided emergency information.

EMERGENCY PHONE CONTACTS

Home:_____ Work:_____

Cell:_____ Other:_____

If parent/guardian is unreachable, please contact:

Name:_____ Relation:_____

Phone (multiple if possible):_____

MEDICAL

I grant my permission for emergency medical treatment to be administered for my child if such treatment becomes necessary and I cannot be reached. (no signature indicates an answer of 'no')

Signature (to indicate 'yes' to above statement):_____

Insurance Company:_____

Policy Number:_____

Doctor's Name:_____

Are there any medicines that your child is allergic to? Y N

If yes, please list _____

Are there any current medical conditions that we need to be aware of that could be of concern for participation in certain activities? (i.e. heart conditions, hemophilia, etc.)

Y N If yes, what are they _____

Do you give permission for your child to take over-the-counter medication if necessary? Y N
(i.e.: headache, upset stomach, pain from minor injury)

With my signature I agree and consent with all the above information.

Parent/Guardian Name _____

Signature _____ **Date** _____