

GUEST YOUTH PERMISSION FORM

(Youth name) _____ has my permission to participate in the church event: _____ with Covenant Evangelical Church, Lake Jackson. This event will be chaperoned by adults appointed by Covenant Evangelical Church.

Covenant Evangelical Church of Lake Jackson and its members, employees, agents, and representatives (such as chaperones, drivers, and the like) are hereby released from responsibility for accident or injury to the aforesaid child arising out of the activities listed above. In the event of an emergency and we can't be reached, I give my permission for any of Covenant Evangelical Church representatives to seek appropriate medical treatment for my child.

Printed Name of parent or Guardian

Signature of Parent or Guardian

Date

Printed Name of Witness

Signature of Witness

Date

Pertinent Medical Information: Parent/guardian home phone _____

Parent or Guardian work phone: _____

Parent or Guardian cell phone: _____

Dr. name & phone: _____ Dentist name & phone: _____

Known allergies or other important medical information regarding the youth: _____