

## GUEST YOUTH PERMISSION FORM

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

Covenant Evangelical Presbyterian 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: \_\_\_\_\_