

**New Hope Baptist Church  
Parental Permission Form**

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Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Daily Medicines: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Bee / Ant Sting or Other Allergies: \_\_\_\_\_

Does the Youth have any of the following: (Please circle Yes or No)

Diabetes	Yes No	Asthma:	Yes No	Seizures:	Yes No	Heart Issues:	Yes No
Insulin:	Yes No	Inhalers:	Yes No	Epi-Kit:	Yes No	Neb Machine:	Yes No

(Note: If the student needs an Inhaler, neb machine, or Epi-Kit, it MUST be brought on any event.)

Parent/Guardian Name: \_\_\_\_\_

Phone Numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

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\_\_\_\_\_ has my permission to attend the 2017 -2018 youth Events with New Hope Baptist Church. I hereby release New Hope Baptist Church from all liability should any injury occur this youth group calendar year. I further agree to waive any right that I, or my child, may have to sue the Church or the Adult leaders as a result of any injuries, damages or losses sustained while participating in youth group. **Please initial:** \_\_\_\_\_

I give my permission for the Adult Leaders of New Hope Baptist Church to administer minor first aid and treatment should the need arise. This may include the use of over-the-counter medicines, such as: Tylenol for fever, minor aches and pains; Sudafed for congestion; Benadryl for allergies and/or rashes; or Robitussin DM and/or cough drops for coughs. I've crossed out any medicines I do not want given to my child. **Please initial:** \_\_\_\_\_

I also give my permission for the Adult Leader(s) to use their judgment should my child need urgent medical care. I expect a leader to attempt to contact me prior to my child being taken to an Urgent Care Facility or Emergency Department. However, that may not be a possibility every time. If the situation is life threatening, I expect to be contacted as soon as possible. I hereby authorize the Adult Leader(s) to sign for my child's medical treatment should the need arise. I understand that I am ultimately responsible for all medical expenses incurred. **Please initial:** \_\_\_\_\_

I give my permission for my child to be photographed at youth group, with the understanding that the photos may be used for church publications & web sites. **Please initial:** \_\_\_\_\_

I agree with the above, and hereby give my consent for my child to be involved in CrossEyed Youth activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be signed in the presence on a Notary)

Notary: Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_