

Permission Form – Lockwood Youth Group Events

Effective dates: August 2018-August 2019

Please print in ink

Name _____ Age _____ Birth date _____
Last First Middle

Address _____ State _____ Zip _____

Phone _____ Cell _____

Medical Insurance Company _____ Policy # _____

Emergency Contact _____ Phone: Home _____ Work _____

Physician _____ Office Phone _____

Check the following areas of concern for this student. If necessary, add another page with details.

- Does your child have allergies to:
 pollens medications food insect bites
- Does your child suffer from, or has ever experienced, or is currently being treated for any of the following:
 asthma epilepsy/seizure disorder heart trouble
- Date of last tetanus shot:
- Does your child wear:
 glasses contact lenses
- Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

_____ has my permission to attend all Lockwood Youth Group activities during August 2018 to August 2019.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. There are to be no tobacco, drugs, or alcohol purchased or brought on any trip. I/we also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature _____ Date _____