



Ascension Youth Fellowship
Parental Permission & Treatment Authorization

Date: June 4, 2017 Activity: Fun in the Sun 2017 (Pin Oak RV Park)

Time of Departure: 12:30pm Time of Return: 8:00pm Cost: \$10/person

Emergency Information

To be completed by a parent or guardian

Name of Parent/Guardian: _____

Parent/Guardian's Address: _____

Parent/Guardian's Telephone:

Home: _____ Work: _____ Cell: _____

Insurance Company: _____

Group Number: _____ Individual Number: _____

Family Physician: _____ Telephone No.: _____

Specify any allergies: _____ Specify any medication: _____

Alternate Contact: _____ Telephone No.: _____

I hereby give my permission for (child) _____ to participate in the activity noted above. I understand that the church staff will use their best efforts to supervise; however, I also understand they are not responsible for the loss of personal property or bodily injury. If I cannot be reached at the time of an emergency and if treatment is urgent in the judgement of the church staff and medical authorities, I authorize and direct the church staff members present to send my child (*properly accompanied*) to the hospital or the most easily accessible medical facility. I understand that I will assume full responsibility for the payment of any services rendered.

Signature of Parent/ Guardian: _____ Date: _____