

**The Encounter Church Youth
Permission Form**

I, _____ give my permission as the parent or guardian of
_____ to participate in _____ with the
Encounter Church youth group on _____.

I understand that there will be travel involved. I also understand that there will be adult supervision responsible for the youth attending this activity. I further accept all responsibility, financial and otherwise, for my child/dependent and release The Encounter Church and any adults supervising this activity from any claim in the event of an injury.

Signed _____ Date _____

Medical Release

Student's Name _____

Address _____

Birthdate _____ Phone _____

Emergency Phone _____

Insurance Company _____ Policy No. _____

Group Name (if applicable) _____

Name of Insured _____

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Signed _____ Date _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:
