

Threads Church
Youth Activity Permission and Emergency Authorization Form

Event: **All Essence events for 2008** or **Specific Event:** _____
Date: _____

Name of Minor: _____

Date of Birth: _____

To whom it may concern:

As a parent and/or guardian, I give permission for my child to attend the above mentioned event and authorize treatment under the direction of a licensed physician of the minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

The undersigned assumes responsibility for any costs connected with such treatment and hereby releases Threads Church from any liability.

Parent or Guardian's Signature: _____

Address: _____ Phone: _____

Family Physician: _____ Phone: _____

Allergies, chronic illness, other: _____

Insurance Co: _____ Policy No: _____

Others to contact in case of emergency: _____ Phone: _____

Threads Church
Youth Activity Permission and Emergency Authorization Form

Event: **All Essence events for 2008** or **Specific Event:** _____
Date: _____

Name of Minor: _____

Date of Birth: _____

To whom it may concern:

As a parent and/or guardian, I give permission for my child to attend the above mentioned event and authorize treatment under the direction of a licensed physician of the minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

The undersigned assumes responsibility for any costs connected with such treatment and hereby releases Threads Church from any liability.

Parent or Guardian's Signature: _____

Address: _____ Phone: _____

Family Physician: _____ Phone: _____

Allergies, chronic illness, other: _____

Insurance Co: _____ Policy No: _____

Others to contact in case of emergency: _____ Phone: _____