



YOUTH MINISTRY PERMISSION/MEDICAL RELEASE FORM

(Grades 6 – 12)

This form is valid for all New Hope Church functions from August 31, 2017 to August 31, 2018.

Youth Name: _____ Grade: _____ Phone: _____

Youth Name: _____ Grade: _____ Phone: _____

Youth Name: _____ Grade: _____ Phone: _____

PARENT INFORMATION (please print)

Parent/Guardian Names: _____

Phone Numbers (Home/Cell): _____

Home address: _____ City: _____

Zip: _____ Email address: _____

Other emergency contact name: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Please share any allergies, medical concerns or activity limitations of which we should be aware:

MEDICAL RELEASE

I give permission for _____ to participate in New Hope Youth activities from August 31, 2017 to August 31, 2018. I hereby release New Hope, its staff, and sponsors from responsibility and liability for any illness or injury that the above named child may sustain during any activity. In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me to consent to any x-ray examination; medical, dental, anesthetic, or surgical diagnosis; treatment; and hospital care advised and supervised by a licensed physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I understand the activity director will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the activity personnel responsible if efforts to contact us are unsuccessful.

Parent/Guardian signature: _____ Date: _____