

Victory Church/Victory Youth

Parent Permission Form

Name of Child: _____ Birth Date _____

Address: _____

Parent(s) Name(s) _____

Address: _____

Phone Number: _____ Work: Phone: _____

I hereby give my permission for my child: _____ to go with Victory Christian Church on _____ to _____.

I understand the arrangements and feel that adequate precautions for the safety of my child have, and will be taken. I hereby understand that there will be supervision and caution taken on this trip and that Victory Christian Church will not be held liable for unseen accidents. The purpose of this form is to make it possible for the parents and guardians to authorize the provision of emergency treatment for minors who may become ill or injured at a Church related activity. This form must be signed by a guardian or parent and accompany the child to the event in order for him or her to attend.

I have read, understand, and hereby agree with these guidelines and have completed this form to the best of my knowledge:

Parent / Guardian Signature _____ Date _____

EMERGENCY INFORMATION

In case of an emergency, please contact the following:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Doctor's Name _____ Phone: _____

Type of Insurance _____ Policy # _____

Name of Insured: _____

Known Allergies: _____

Present Medications: No: ____ If Yes, Please list:

DATE OF LAST TETANUS SHOT: _____