

ANCHOR COVE OUTREACH CHURCH

PARENTAL PERMISSION AUTHORIZATION FORM

Event: _____ **Place:** _____ **Date:** _____

Participant Name: _____ **Birth date:** _____

I give permission for my child to attend the Anchor Cove Church event listed above. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by Anchor Cove Church.

Medical Release

I hereby request and authorize the Anchor Cove youth group, the hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act for my child.

Custody Release

I further authorize the Director of Youth Ministries or a designated adult representative of Anchor Cove Youth Group to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

I further give permission for my child to participate in all supervised activities except as noted:

Signature Parent/Legal Guardian

Printed name Parent/Guardian

Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s)

Street Address

City

State

Zip

Phone Numbers

Phone Type (Home, Mobile, etc.)

Phone Type
(Home, Mobile,
etc.)

Other Emergency Contact(s)

Name(s)

Relationship to Participant

Phone Numbers
