

LEGACYouth CONSENT FORM

I understand that I am allowing, _____, to attend the LEGACYouth_____.

I hereby release and grant permission for the above name person(s) to be part of this event.

By signing this permission form, I understand the following:

** Parents must have a phone number where they can be reached in case of emergency.*

Emergency Contact Information:

** In the event of an emergency where medical attention is required, I hereby grant permission to the church staff/sponsor to obtain services from a licensed physician.*

Insurance Agency: _____

Policy #: _____

Primary Card Holder: _____

Primary Care Physician: _____

Primary Care Physician Contact: _____

Allergies: _____

Signature of Parent or Legal Guardian: _____

Date signed: _____

