

Permission / Medical Release

Name of Minor _____ Date _____

Address _____

Birthdate _____ Home Phone _____

Cell Phone _____

I, _____ the parent and / or legal guardian of

_____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my expressed permission to participate in Disciple Now Weekend with the Youth Group of _____ Church, Amory, MS, January 15-17, 2010.

Parent /Guardian _____ Date _____

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I, the undersigned Parent or Guardian of _____, a minor, do hereby authorize a sponsor or group leader, to act as my agent to consent such diagnostic procedures and hospital care, including x-ray, medical, anesthesia, or surgery, as deemed necessary to secure and maintain the health and well-being of the above named minor, so long as said treatment is deemed advisable by and is rendered under the supervision of a surgeon properly qualified and licensed.

I, the undersigned parent further release, acquit, discharge, and covenant to hold harmless the _____ Church Staff, Personnel, The _____ Church of Amory or its representatives, or the counselors during the above stated activity. This agreement includes all activities and trips planned for said weekend of January 15-17, 2010.

Medical Insurance Company _____ Policy # _____

Address _____

Parent Signature _____ Date _____