

C3NAZ TEENS

Parental Permission for Youth Group Activities (Overnight or Off-Campus)

I, _____ certify that I am the parent, guardian, or custodian of
(print name of parent, guardian, or custodian)

_____. I authorize and consent for my child to participate in the
(print name of minor)

following event/trip to _____ on _____.
(place) (date)

In the case that the above event is off church property, transportation will be provided by _____.

Please list any special health concerns (example – asthma, bee sting allergy, etc.)

If your child is to receive any prescribed medications or “over the counter” preparations during this event, the medication is to be provided and given to a designated C3Naz Leader upon arrival/registration, before departure or involvement. Any medication that is required will have to be in its original container along with an appropriately signed medication card.

The following persons should be contacted first in case of an emergency:

_____ at _____
(Parent, Guardian, Emergency Contact – Please print) (Phone Number – Home)

(Phone Number – Work)

(Phone Number – Cell)

Second Emergency Contact:

_____ at _____
(Please print) (Phone Number – Home)

(Phone Number – Work)

(Phone Number – Cell)

In the event of a medical emergency, I hereby authorize and consent to the medical care and treatment of my child by a licensed physician if, in his or her opinion, such treatment is necessary to prevent death, permanent disability, or prolonged suffering.

(Signature of Parent or Guardian)

(date)