

Living Hope Fellowship Youth
PARENT CONSENT FORM

I HEREBY GIVE PERMISSION FOR _____
TO ATTEND THE LIVING HOPE FELLOWSHIP YOUTH MINISTRY EVENT:
_____ ON THE DATE(S) OF: _____

I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the Living Hope Fellowship, Youth Ministers, and Volunteers for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. I further give my consent to Living Hope Fellowship that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Please Print Parent/Guardian Name(s):

Sign: _____ Date: _____

Medical Insurance Company: _____ ID/group #: _____

CONTACT INFO:

Day Phone #: _____ Evening Phone #: _____

Emergency Contact (if you cannot be reached):

Name: _____ Phone #: _____