

PERMISSION/RELEASE FORM

Student Name: _____

Phone #: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ / _____ / _____

School Grade: _____

I give my permission for the above named student to accompany Summit Church Youth to **any** youth event from January 1, 2025 through December 31, 2025. I understand that every precaution will be taken to insure safety while traveling and while in the care of Summit staff. However, in case of accident or emergency, I will not hold the adult sponsors nor the church responsible. I give my permission for emergency medical and surgical treatment of my child as may be needed in the judgment of the treating physician at the nearest clinic or hospital available. I expect to be contacted as soon as possible.

Signature of Parent/Legal Guardian

Date

Emergency Phone Number

***** MEDICAL/HEALTH INFORMATION *****

(Required for Overnight Activities)

Allergies: _____

Medications Being Taken: _____

Any Physical Limitations: _____

Medical Insurance Company: _____

Policy #: _____ Policy Holder: _____

Doctor _____ Phone _____