

FOCUSED YOUTH MINISTRIES
TRINITY SOUTHERN BAPTIST CHURCH
4890 East Holland Ave.
Fresno, CA. 93726
(559) 291-5521

PARENT PERMISSION AND EMERGENCY FORM

I, _____ (*parent or guardian name*), release and discharge Trinity Southern Baptist Church, Fresno, CA and its staff and other chaperoning adults for all claims of damage, demands, actions whatsoever in any manner arising or growing out of my son/daughter's participation in the **Focused Youth All-Nighter, August 11-12, 2017**. I also agree to use our personal insurance as the main carrier in the event of accident or injury to myself, and/or my son/daughter. I also agree to assume responsibility for my son/daughter's trip home in the event that it is deemed necessary for him/her to be sent home (the use of drugs, cigarettes, alcohol, any restricted substance, or being an uncontrollable discipline problem are all acceptable reasons for such action). In the event that I cannot come and get my son/daughter, I assume the financial obligations for getting him/her home. I also give my consent for any necessary medical attention in case of an emergency.

I have read and understand the statement above: _____
Parent/Guardian's Signature

Son/Daughter's Emergency Information:

Son/Daughter's Name _____
Address _____
City _____ Zip _____
Home Phone _____
Parent's Work #'s (mom) _____ (dad) _____
Parent's Cell #'s (mom) _____ (dad) _____

Doctor's Name _____
Address _____ Phone _____
Insurance Name _____
Insurance Number _____

My son/daughter is allergic to the following:

(If more room is needed please use back of this form)

Friend or relative to be called in case of emergency if parents cannot be reached.

Name: _____ Phone # _____