

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

PARENT PERMISSION AND EMERGENCY FORM

I, _____ (parent/guardian's 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 **ALL FOCUSED YOUTH SPONSORED ACTIVITIES FOR THE 2018 CALENDAR YEAR**. Including lost or stolen items such as cell phones, MP3 players, money and/or other personal effects. 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 Email: (mom) _____ (dad) _____

Parent's Work Phone: (mom) _____ (dad) _____

Parent's Cell Phone: (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 # _____