

2019-2020 Youth group permission form

This form includes both traveling to/from
and participating in all youth group events

Greenvillage Church of God
5164 Philadelphia Ave
Chambersburg PA 17202
717-264-3769

STUDENT DETAILS

First Name	Middle Name	Last Name
Address		
Email address (please include parent and student)		
Student cell number	Date of Birth	
Parent / Guardian Name	Current School (attending)	
Daytime/Work number	Graduating year	
Cell Number		
Emergency Contacts (please include any additional contacts, should the original contact be unavailable)		

Medical information

Special Medical Needs (Allergies, Asthma, Diabetes, etc.) Please list any medications
Special Dietary Requirements
Doctor's Contact (name and phone number)

Permission

Parent/Guardian Signature	Date
By signing; I understand that in the event of an emergency I have given permission for the youth leader to act in the safety interests of my child. I understand that every attempt will be made to contact me first before any decision is made regarding treatment or medication.	
By signing; I, the lawful parent/guardian of this minor, release from all liability and hold harmless the Greenvillage Church of God and its leaders, boards and any members as well as the Churches of God General Conference from any and all liability, actions, causes of action, claims, judgements, cost or expenses, including attorney fees known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating or traveling to or from the activity.	