



Emerging Youth

Event Permission Slip

Son/Daughter Name: _____

Event Name: _____

Date & Time: _____

I, _____ give my permission for my son/daughter to participate in the above mentioned event with Emerging Youth Staff.

I understand that I will be notified in the case of medical emergency involving the above named. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event the above named is injured or becomes ill. I understand that Emerging Youth, The Crossing and YouthStorm, its leadership, staff or volunteers, will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Physician Name: _____ Phone: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the above named, do hereby consent to the participation of the above in the trip mention on the indicated date. I release YouthStorm, its leadership, staff or volunteers, from any liability for the above named during, to, and from above mentioned trips during the indicated date.

**Note: This consent form is valid until redeclined in writing by signer.*

Phone: _____

Signature of Parent/Guardian

Date