

FaithWalk Church Youth Group
THRIVE Event Permission Slip

I, _____, hereby give permission for _____
Print Name of Participant
to participate in the THRIVE/Faithwalk Youth event: _____
Name of Event/Function
on _____, 20_____ .

I and my child understand that respectful, Christian, behavior is expected and that parents will be called to pick up a child if they act in a manner deemed unacceptable or disrespectful by the THRIVE Ministry staff or adult helpers.

Medical Release & Emergency contact

Parents must provide a phone number where they can be reached during the event in case of emergency.

Contact: _____ Cell Phone Home phone
Primary Contact Name & Phone
_____ Cell Phone Home phone
Alternate Contact Name & Phone

Date of Birth: _____ Doctor's Name: _____

Home Address: _____

In the event of an emergency where medical attention is required, I DO give permission to the church staff / youth leader to obtain services from a licensed physician.

Allergies/ Medical Info we should know: _____

In the event of an emergency where medical attention is required, I DO NOT grant permission to the church staff / youth leader to obtain services from a licensed physician.

Signature of Parent of Legal Guardian

Date Signed