

AlienYouth Permission Form / Medical Release



Event Name: _____ **Date of Event:** _____

Destination: _____

Departure Date/Time: _____ **Return Date/Time:** _____

Student Name: _____ Date of Birth: _____

Phone: _____ Address: _____

City: _____ Zip: _____

E-Mail: _____

Medication/Allergies: _____ Special Treatment? _____

Insurance Co. Name: _____

Policy #: _____

Emergency Contact Name: _____

Phone: _____

By completing this form and signing below, I grant permission for my daughter/son to attend the above activity with *Hope Church/AlienYouth*. In case of medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician, selected by the *Hope Church/AlienYouth* staff, to hospitalize, secure proper treatment, have injection, anesthesia, and surgery for the above named and I do hereby release *Hope Church/AlienYouth* and such medical personnel from all such matters other than negligence on their part.

Parent Signature: _____ **Date:** _____