



**Harvest Youth Ministries All-Year Permission Form**  
**SEPTEMBER 2011 – AUGUST 2012**

**Student info**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENTS/GUARDIAN NAMES: \_\_\_\_\_

HEALTH CARD # \_\_\_\_\_

FOOD ALLERGIES: \_\_\_\_\_

SPECIAL MEDICATIONS: \_\_\_\_\_

I / We give consent for (print name of minor) \_\_\_\_\_ to attend any Youth Ministries events being sponsored by Harvest Bible Chapel London.

In the event that he or she is injured while under the care of Harvest Bible Chapel London and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any medical treatment as deemed necessary by a licensed physician.

I / We further agree to hold the licensed physician, the medical facility, the Harvest Bible Chapel London and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event and do hereby release the Harvest Bible Chapel London and its representatives from any liability due to accident or injury incurred by my child.

I/We agree to cover all costs if our student needs to be sent home for disciplinary reasons.

I/We understand that my child, may be traveling in vans, cars and /or buses for some events.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATED \_\_\_\_\_

NAME OF PARENT/GUARDIAN (PRINT) \_\_\_\_\_

TELEPHONE AT HOME (\_\_\_\_) \_\_\_\_\_ TELEPHONE AT WORK (\_\_\_\_) \_\_\_\_\_

OTHER PHONE (SPECIFY CELLULAR/PAGER, ETC.) (\_\_\_\_) \_\_\_\_\_

PARENT'S EMAIL \_\_\_\_\_

Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency!