



COH YOUTH PERMISSION SLIP



Student Name _____
 Address _____
 Home Phone _____ School _____ Grade _____

I give my permission for my above named child to join the Community Of Hope Youth Ministry on trips and off campus events. I understand that they will be traveling by buses, vans & cars, and under the direct supervision of staff members and/or volunteers of COHYM at all times. I also understand that by signing this sheet I give permission for my child's voice and/or picture to be used for youth group purposes.

I hereby release Community Of Hope, its staff and volunteers from responsibility and liability for any injury or illness that my child may sustain during any Youth activity. In the event of an emergency, I hereby authorize any adult leader of this activity as agent for me to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect that every effort will be made to contact me as soon as possible, and that these powers will only be used if attempts to contact me are unsuccessful.

Signature Parent/Guardian _____ Date _____
 Emergency Contact _____ Emergency Phone _____

Parent Carrying Insurance Information:

Name _____ DOB _____
 Employment _____
 Employment Address _____
 Employment Phone _____
 Medical Insurance Company _____
 Policy Name/ Number _____
 Student Member Name _____ Number _____
 Insurance Company Phone Number(s) _____

Student Medical Information

Allergies _____
 Medication(s) being taken _____
 Physical limitations _____

State of Florida
 County of Palm Beach

The foregoing instrument was acknowledged before me this:
 _____ day of _____ (month) in _____ (year)
 who is personally known to me as identification and who did not take an oath.

 Notary Public Signature

Stamp here >

 Notary Public Print Name