

Emergency Contact/ Permission Form

I give permission for my (child)ren: _____

To attend the FPC Youth Outing to _____ on _____

Parent/Guardian who can be reached during the above event:

Name _____ Phone/cell _____

Alternate Contact _____ Phone/cell _____

Special medical or dietary information Youth Leaders should know: _____

In the event of an emergency where medical treatment is required, I give permission for the youth leaders or church staff to obtain the services of a licensed physician.

Signed _____ **Date** _____

I give permission for my child's photograph to be taken at the youth event and used for church publicity (newsletter, website) with the understanding that no personal information will be given.

Signed _____ **Date** _____