

TEEN PERMISSION & MEDICAL RELEASE

I hereby grant permission for my teen to be transported to and from this activity at Harvest Christian Fellowship in the church van and/or private vehicles.

The youth group leader(s) have my (our) permission in any emergency to take my (our) student, at my (our) expense, to the hospital emergency room deemed appropriate by the rescue squad or the youth group leader(s). The hospital and its medical staff have my (our) authorization to provide treatment that a physician deems necessary, including anesthesia, for the well-being of my (our) student. I (we) understand every effort will be made to contact me (us).

SIGNATURE OF PARENT(S) OR GUARDIAN:

(Sign only in presence of Notary Public)

Signature of Parent(s) or Guardian

Print Name of Parent(s) or Guardian

Relationship _____ Date _____

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20__.

Notary Public: _____ Expiration Date: _____

Notary Reg. Number _____