

Parental Permission and Emergency Contact Information

I, _____, hereby give permission for my student(s),
_____, to attend this event hosted by
the Trailhead Youth Ministry of Summit Wesleyan Church. Additionally, I give my permission
for emergency health treatment and care of my child(ren) should it be needed either during
this event or traveling to and from this event.

Signed: _____

Relationship to Student: _____

Emergency Medical Information

Student Name(s): _____

Address: _____

Parent(s) Name: _____

Parent(s) Phone Number: (Home) _____, (Cell) _____

(Work) _____

Parent(s) Email: _____

Insurance Company & Policy Number: _____

Family Doctor: _____ Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____