

**LIFEPOINTE CHRISTIAN CHURCH  
RENOVATE STUDENT MINISTRY  
Parental Permission Form**

Name of Activity: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

**Student Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Parental Information:**

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

*We make every effort to provide a safe and secure environment for your child during events. In order to better to protect the safety and health of your child, we request that you provide the following information. In case of an emergency, we will contact the parent listed above. We request that the parent provide another contact (not living at the same address) who is authorized by the parent to act on his/her behalf should the parent not be available.*

**Emergency contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Health Care Information:**

Date of last tetanus shot: \_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any physical limitations to be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

If you have made arrangements to have a person other than yourself provide transportation to and from this event, please indicate the name and phone number of such person.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PERMISSION NOTICE**

My son/daughter \_\_\_\_\_ has permission to participate in (Name of Activity)

\_\_\_\_\_ on (Date of Activity) \_\_\_\_\_.

*I hereby authorize LifePointe Christian Church and any of its agents to authorize any medical treatment deemed necessary by a physician due to sickness or injury incurred by my child while participating in this activity. I also hereby release LifePointe Christian Church, and its agents from any liability and from any and all claims against them, individually or collectively, for any injuries arising from my child's participation in this activity.*

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

*By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant such permission.*