

Pilgrim Covenant Youth Ministry Parental Consent Form

I authorize _____ to participate in the Pilgrim Covenant

Church Youth Ministry _____ (Event Name).

I fully understand and have discussed with my child that he/she is to accept all rules and requirements while on the youth group trip. I accept all responsibility for any accident or injury to my child if the injury occurs as a result of my child's negligence. I waive all claims against Pilgrim Covenant Church.

In the event of any illness or injury, I give permission to take all the medical measures necessary to provide treatment for my child.

Parent/Guardian Signature

Date

Health Insurance Company

Policy Number

Family Doctor

Phone

In the event of illness or accident, please contact (other than parent or guardian):

Name

Phone

Special Medication Note

If your child needs special medication, please attach a note of authorization indicating the name of the drug, dosage, and time of dosage.