Dynamic Life Student Ministry
Special Event Permission Form

Event: Date:

Student's Name:_____ Age:_____ Grade:____
Last First Middle/NickName

Address:_____ State_____ Zip_____

☒ Male ☒ Female Phone_____ Email:_____

Parent or Legal Guardian

Name:_____ Email:_____
Last First Middle

Daytime Phone:_(____)_____Work:_(____)_____Cell:(____)_____

Insurance Co:_____ Number:_____ Group:_____

*Please list any allergies, medical conditions or medications that we need to know about on the reverse side of this form.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named student.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/s he is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person/persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided "on file" is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill, misbehave or if deemed necessary by the student ministries staff member. I/we give permission to Dynamic Life Ministries to use my child's photo/image on the church's websites.

Parent/guardian signature:_____ **Date**: _____

Tear off carefully along dotted line if needed:

Youth Pastor: Jeremy Johnson
Emergency Phone Numbers: *Church*: (540)636-9595
Jeremy's *Personal Cell*: (540)305-4441