



# LifeSpring Church Middle School Ministry Permission Form

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

Student's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/legal guardian(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent cell phone: \_\_\_\_\_ Student cell phone: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Allergies, medical and/or dietary needs: \_\_\_\_\_

\_\_\_\_\_

I give permission for this student to participate in the Pursuit Middle School retreat. I understand that reasonable precautions will be exercised by the adult leaders at each event and that adults will adhere to LifeSpring's Kid First policy at all times.

In addition, I understand that my child may be photographed or recorded on video during the course of student ministry events. By signing below I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future retreats and youth group activities.

In the event of an emergency during the duration of the trip, I give permission to the church leader to obtain medical assistance for my child. I also give permission to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child.

Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_