



2020-2021 Agape Fellowship Youth Permission Form

office@agapewilliamsport.org

Student Information

Name: _____ Gender: M F B-day: ____ / ____ / ____

Address City/State Zip

Cell: _____ Email: _____ Grade: _____

School: _____

Parent Information

Parent/Guardian Name: _____

E-mail: _____ Phone: _____

Parent/Guardian Name: _____

E-mail: _____ Phone: _____

(Email addresses will be used for updates and information about Agape Fellowship Youth Ministry)

Health Information

Allergies: List all known allergies including those involving medication, food, insects, asthma, hay fever and other allergies. Describe reaction and management of reaction. If more space is needed use the other side.

Allergy:

Reaction and Management:

Other Restrictions: _____

Parent/Guardian Authorization

I, the undersigned parent/guardian, give permission for the above named to participate in church-sponsored youth events during **2020-2021 calendar years**. I give permission for the above named to be transported to and from the scheduled off-site events; by an approved Adult. I recognize and acknowledge that youth activities can involve certain hazards including, but not limited to injury and accidents and I release Agape Fellowship, its leaders, and volunteers from liability. I hereby certify that the information above is correct.

IN CASE OF MEDICAL EMERGENCY, I consent to emergency medical treatment for my child. I understand that every effort will be made to notify me. If unable to be reached, I hereby give my permission to the chaperone(s) of the activity to make decisions necessary for treatment.

Initial

Initial

Date: _____

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10/05/20