

Know Jesus Parent Permission Form

Full Name of Youth

Your Child's last tetanus shot: _____ Allergies: _____

I give my permission for:

- the use of photographs and videos of my child and myself to be used in event publicity;
- for the release of medical records in case of illness or injury;
- and for this youth to engage in all Know Jesus activities, except as noted by me and/or an attending physician.

Signature of parent/guardian

Printed name

Date

Emergency phone number/s for parent: _____

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Signature of parent/guardian

Printed name

Date

Emergency phone number/s for parent: _____