

Greater New York Conference of Seventh Day Adventist
Youth Ministries Department
Parental / Guardian Permission

Name of Son/Daughter: _____

Event: _____

Date: _____

Price: _____

My Son/daughter has my permission to attend the _____ at _____ . I understand the arrangements done by the Department of Youth Ministries of Greater New York Conference of Seventh Day Adventist and I give my son/daughter permission to go. I will not sue the Greater New York Conference of Seventh Day Adventist and its representatives for any accident or lesion that can occur during this event. This form does not eliminate insurance coverage (within the limits of the Insurance Policy for Accidents) offered for events sponsored by the local Seventh Day Adventist Church or the Greater New York Conference.

Signature of Parent/Guardian

Date

Medical Treatment in case of Emergency

In case of an emergency (sickness or accident) that requires medical attention, my son/daughter has permission to receive medical treatment.

During the _____, I can be contacted at the following phone numbers:

Home: _____ Work: _____ Cell: _____

Please indicate any medical conditions that your son/daughter may have (including any allergies or any medication that your son/daughter may be taking): _____

Signature of Parent/Guardian

Date