

Liability Waiver – Permission & Consent

Event: TFC High School Youth Lock-in – January 6-7, 2017

Participant Name: _____

I do, hereby, give consent and permission for my child, named above, to participate in the event named above. If I am unavailable, I also empower the adult chaperones participating in this event to seek emergency medical treatment on behalf of the child, if needed.

Medical information that attending physicians and other staff should be aware of, including any prescriptions currently being used and any known allergies are:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Phone: _____

Other Emergency Contact Name: _____ Phone: _____