



9245 Florence Ave  
Downey, CA 90240  
(562) 862-0910

### Parental Permission

My child, \_\_\_\_\_, has my permission to attend the youth group activity on (dates) \_\_\_\_\_, and I give the adult leaders of the youth group authority to act on my behalf if my child should need emergency medical care. The information on my child's medical authorization form is complete and accurate and may be used should the need arise. I understand that I will be contacted as soon as possible if health or safety issues warrant action to be taken. I can be reached at the numbers below during the above dates.

Additionally, I release Light and Life Christian Fellowship of Downey, along with the adults in charge of the event, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the following activity:

\_\_\_\_\_

I understand the group expectations of participants will be forced, especially this policy:

*Youth may not leave any group activity early, especially overnights, without their parent picking them up and contacting me in advance. If a youth leaves, we cannot be responsible for him or her while he or she is absent. Youth may not come and go during activities. If they leave, they may not return, unless prior arrangements have been made with the director.*

*(Parents will be called if a youth leaves and no prior arrangements have been made.)*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(parent or guardian)

Emergency contact phone number(s):

\_\_\_\_\_

\_\_\_\_\_