

Permission Form for Youth Outing

I give (youth name) _____ permission to attend (outing) _____
on (date)_____.

Parent/Guardian Signature: _____ Date: _____

MEDICAL RELEASE FORM

I consent and give the Texas Conference of Seventh-day Adventist Youth Ministry and Mosaic C. Fellowship Seventh-day Adventist Youth Ministry permission to select a medical treatment facility, physician, and all necessary emergency medical care required in case of an accident or emergency illness for my minor child.

Parent/Guardian Signature: _____ Date: _____

Note: Every effort will made to contact parent or guardian in case of an emergency.

Permission Form for Youth Outing

I give (youth name) _____ permission to attend (outing) _____
on (date)_____.

Parent/Guardian Signature: _____ Date: _____

MEDICAL RELEASE FORM

I consent and give the Texas Conference of Seventh-day Adventist Youth Ministry and Mosaic C. Fellowship Seventh-day Adventist Youth Ministry permission to select a medical treatment facility, physician, and all necessary emergency medical care required in case of an accident or emergency illness for my minor child.

Parent/Guardian Signature: _____ Date: _____

Note: Every effort will made to contact parent or guardian in case of an emergency.

Permission Form for Youth Outing

I give (youth name) _____ permission to attend (outing) _____
on (date)_____.

Parent/Guardian Signature: _____ Date: _____

MEDICAL RELEASE FORM

I consent and give the Texas Conference of Seventh-Day Adventist Youth Ministry and Mosaic C. Fellowship Seventh-day Adventist Youth Ministry permission to select a medical treatment facility, physician, and all necessary emergency medical care required in case of an accident or emergency illness for my minor child.

Parent/Guardian Signature: _____ Date: _____

Note: Every effort will made to contact parent or guardian in case of an emergency.