

SPECIAL EVENT PERMISSION FORM

I have filled out a "Parental Consent for Medical Treatment" form, which is on file with the Youth Director of Hope Presbyterian Church. It is my understanding that the advisor(s) accompanying my child/children will take a copy of this medical form on any trip or activity sponsored by Hope Presbyterian Church.

I give Hope Presbyterian Church and its staff the right to take pictures and/or videos of my son/daughter for purposes of publicity and promotion on hopechurchva.org, social media outlets, and any work of promotion produced by the youth ministry and church

This is a notice of permission for my son or daughter to participate in this event.

NAME(S) OF YOUTH _____ AGE _____
_____ AGE _____
_____ AGE _____
_____ AGE _____

EVENT / TRIP: _____

DATE / TIME: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME (PRINT) _____

PHONE # _____