



2022-2023 Permission and Medical Release Form

Valid September 1, 2022 - August 31, 2023

STUDENT INFORMATION

Name _____ Grade _____

Birthday _____ Phone _____

PARENT INFORMATION

Parent Name _____ Relation _____

Address _____

Email _____ Phone _____

EMERGENCY INFORMATION

Emergency Contact Person: Name _____

Relation _____ Phone _____

___ Is anyone legally restricted from picking up or contacting your child?
(if so, please attach a court order)

___ Does your child have any allergies or other medical conditions? (please list below)

___ Does your child have any other needs we should be aware of? (please list below)

INSURANCE INFORMATION

In the event of any emergency where a parent cannot be reasonably reached to give consent for medical care, I give Word of Life and ESCAPE permission to consent to emergency medical care for my child (listed above).

Company _____ Subscriber Number _____

Subscriber Name _____

By signing below, I am stating that my child (listed above) has my permission to participate in any and all ESCAPE youth group activities. I also give permission for my child to ride in a vehicle operated by a properly licensed and insured driver who is at least 21 years old.

Signature _____

Date _____