

Preferred Center: \_\_\_\_\_

Link 2 Feed #: \_\_\_\_\_

# Youth & Teen Program Permission Form

*Please Print Clearly and Fill Out a Form for EACH Child*



Program Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

1. Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

2. Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

3. Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## 4. Additional people who can pick up my child:

1. \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. \_\_\_\_\_ Phone Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_ Hispanic: YES or NO

Housing Type (circle one): Rent / Own / Homeless Gross Household Monthly Income: \$ \_\_\_\_\_

Health Insurance (circle): Insured / Under-Insured / No Insurance

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

I give permission for my child to attend and participate in New Hope Ministries' Programs, and all of the activities. I give permission for my child to go on all field trips and social activities sponsored by New Hope Ministries. I also give permission for my child to ride in any vehicle designated by the adult in whose care the youth has been entrusted while attending and participating in the programs offered by New Hope Ministries. In the event of an accident or injury to my child, I will not hold New Hope Ministries, Inc., its employees and volunteers, host church or other meeting places responsible or liable. In case of a medical emergency, I authorize emergency medical care or dental care, or both if I cannot be reached, and agree to pay all such medical expenses which may not be covered by my medical card or other insurance. I further agree to hold harmless and reimburse New Hope Ministries, its employees, volunteers, host church, or other meeting places for any liability caused by the negligent, willful or intentional acts of my child.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power of the part of the supervisor and his/her authorized designee, to exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon. If my child has a fever or is exhibiting COVID-19-like symptoms, I will not bring them to the program, and New Hope has permission to send my child home.

I also give New Hope Ministries permission to use any photographs, video recordings, my story, my name, and/or my children's for publication in fundraising, and/or public relations efforts such as newsletters, brochures, newspaper articles, displays, videos, our website, etc. This agreement includes materials provided by me, my children, or taken by or on behalf of New Hope Ministries.

Signature of Parent or Guardian

Date

\_\_\_\_\_

