

**Katy Vineyard Youth
Parent Permission Form**

Youth Participants Name: _____

Grade: _____ Age: _____ Birth Date: _____

Address: _____

City/State/Zip: _____

Parent / Guardian Name (s): _____

Work Phone: _____ Cell Phone: _____ Email: _____

Medical Insurance Company: _____

Policy Number: _____

Special Notes, Concerns, Illnesses or Allergies: _____

Emergency Release: I give my child permission to participate in events sponsored by the Katy Vineyard youth. It is my understanding that in the event my child or charge is ill or injured, I will be contacted in person or by telephone at the location (s) or number(s) provided on this sheet. If, however, this is not possible, I do grant Katy Vineyard youth staff members Jason Bohac, Tabitha Bohac or an adult chaperone permission to authorize emergency medical treatments recommended by the treating health care provider until such time as I am notified.

Signature of Parent or Guardian: _____ Date: _____