PARENTAL CONSENT FORM

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(Effective from	20 through	20)
Child's Name:		
Date of Birth:	Grade:	
Parent(s)/Legal Guardian(s):		
Primary Email:		
Primary Phone:		
Home Address:		
Emergency Contact Person & N	umber (if different):	

PARENTAL PERMISSION

I hereby give permission for	(child's first & last
name) to participate in youth and church activities by God of Delive	rance Ministries. This
includes all sponsored activities on or off the church property (inclu	ding any and all activities
involving travel and/or lodging). I understand that precautions will	be exercised by the adults
chaperoning each event and that youth workers and youth participa	ants will adhere to the Code
of Conduct Policy and Standards Agreement Policy at all times. I fu	irther understand that my
child may be corrected in the event that behavior issues arise. This	permission form shall
remain in effect during the time period stated above, unless termin	ated in writing. I understand
that drivers for all events must be over age 21 and approved by Goo	d of Deliverance Ministries
staff. In addition, I understand that my child may be photographed	or recorded on video during
the course of youth ministry events. By initialing below I provide co	nsent for my child's image
to be used in either print, electronic, or video form for the promotio	onal purpose of future
retreats and youth group activities.	

Initials of Parent/Guard	lian:	
Parent/Legal Guardian:		
Date:		

Date:	