

# PARENTAL CONSENT FORM GET OUT SUNDAY!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

## To Whom It May Concern:

I, \_\_\_\_\_, Parent or Guardian of  
\_\_\_\_\_ do hereby request that the above named child be permitted to attend  
the youth activity "Get Out Sunday!" on **Sunday, August 6th, 2017**, which is sponsored by the Westover  
Hills Church of Christ Youth Ministry. I agree and consent to having staff members and activity sponsors  
secure any emergency medical care of treatment that may be necessary for my child during the entire outing,  
including the trip to their destination and the trip back home from it. I release the staff members and activity  
sponsors and Westover Hills Church of Christ from any liability connected with injury or cost of medical  
treatment. I further assume all responsibility for the decisions so made and for the emergency care or  
treatment so secured for my child.

Signed: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

In case of emergency and I/we are not able to be located, please contact: \_\_\_\_\_

Phone number(s): \_\_\_\_\_