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## Firebrand Youth Parental Consent Form

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My child, \_\_\_\_\_, has my permission to attend the following Firebrand Youth Ministry activity:

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I understand that neither the Firebrand Youth Ministry, its staff, nor the host church, Bethany Church of God of Prophecy, will be held liable in the event of an accident or injury during this activity. Neither will the driver(s) and/or owner(s) of the motor vehicles involved be held liable for accidents or injuries sustained either by fault of staff, host church or individual.

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

If I can't be reached please contact: \_\_\_\_\_

at (home phone): \_\_\_\_\_ or (cell): \_\_\_\_\_.

My signature below constitutes agreement with the policies outlined above and gives permission for emergency medical treatment to be given to my child, \_\_\_\_\_, should it be necessary.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Insurance provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_