



PARENTAL CONSENT FORM

Student Name: _____

Student Phone (optional, for youth group text notifications): _____

Student Email (optional): _____

School: _____ Grade: _____

Date of Birth: _____

Parent/Guardian Names: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Address: _____

STATEMENT OF CONSENT

By signing this form, I am giving permission for the student(s) mentioned above to attend Immanuel Youth Group trips and events sponsored by Immanuel Community Reformed Church. In the case of medical emergency, I give the director of these trips or events permission to choose a licensed medical professional any necessary or recommended treatment. I will assume liability for any expense not covered by my insurance.

I also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in events sponsored by Immanuel Community Reformed Church.

I also hereby give permission for photo and video of my child to be posted to icrclansing.org or Immanuel Community Reformed Church social media pages. Any photographs or videos will only be used to promote Immanuel Community Reformed Church ministries.

SIGNATURES: Participant: _____ Date: _____

Parent or Legal Guardian: _____ Date: _____