



**Parental Permission for 2011-2012 School Year & Summer**

Please print clearly and complete all areas of application.

Student's Information:

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/Guardian Information:

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell#: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Relationship to Student: \_\_\_\_\_

**LOCK-IN DATES/TIMES**

**Starts: Sunday, August 28, 2011**

**Ends: Saturday, August 25, 2012**

**PARENT/GUARDIAN MUST SIGN FORM ON THE BACK**

**Make a copy of both sides of this completed form to keep.**

**Activities will include, but is not limited to, the following activities:** sermons, lessons, parties, games, sports, movies, church events, outreach/invite/sharing events, lock-ins, etc. Activities that require special permission will be accompanied by a separate permission slip.

Please return this completed form to Pastors Dewaine or Bridgett Cooper by hand or mail it to:

**Life-Givers Ministries – Beyond Youth**  
808B Whitesville Road  
Moncks Corner, SC 29461

843-899-LIFE | dewaine@cooperland.info | bridgettcooper@gmail.com

**Parent/Guardian Consent Form**

In my absence, I, \_\_\_\_\_, hereby authorize the Youth Pastor (hereby known as Pastor) of Life-Givers Ministries (hereby known as LGM) or his appointee to obtain medical treatment which may be deemed necessary for my child, \_\_\_\_\_. Furthermore, I authorize the proper dispensing of my child's prescription drug(s) if any as listed on this consent form. I also, hereby authorize any physician called upon by the Pastor or his appointee to render medical treatment that, in his/her judgment may be deemed necessary for the well being of my child. I authorize the release of any medical information necessary to process a claim for my dependent named in this consent form. I authorize payment of medical benefits to the physician or supplier of service rendered to my dependent. The undersigned hereby forever releases and discharges LGM of any and all liability of any nature which may arise while my child is participating in the aforementioned activities during the 2011-2012 school year and summer. Undersigned further covenants and agrees to never sue or file a claim against Life-Givers Ministries, Inc. for any injury which may occur to said student while he/she is involved in any of the activities of the Beyond Youth, which may include, but not limited to, the activities listed above. I further understand that any items that my child brings to the activities of the Beyond Youth can be confiscated under the discretion of the Pastor or his appointee with these items being returned upon the completion of each activity and will apprise my child of these matters.

**AUTHORIZED SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Hospitalization Insurance Coverage Information**

Insurance Company/Government Program: _____	List of Current Prescription Drug(s) & Dosage: _____
Address: _____	_____
Subscriber ID or Contract #: _____	_____
Insurance Company Phone #: _____	_____
Admission Precertification Phone #: _____	_____
Group Name (Employer): _____	_____
Group #: _____	_____
Employer's Address: _____	_____
Employer's Phone #: _____	_____

**Medications must be sent in original labeled containers**

List any medical conditions/disabilities/allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Since the activities of the Beyond Youth are youth events no dress clothes will be required. We do ask that you practice modesty in your attire. We reserve the right to make decisions regarding appropriateness of dress.**

**Contact Information**

Church Office: 899-LIFE (5433)      Pastor Dewaine's Cell: 259-0656      Pastor Bridgett's Cell: 725-8545

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