**Know Jesus**

**Parent Permission Form**

Full Name of Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for:

1. The use of photographs and videos of my child and myself to be used in event publicity:
2. For the release of medical records in case of illness or injury
3. And for this youth to engage in all Know Jesus activities, except as noted by me and/or an attending physician.

Signature of parent guardian Printed Name Date

Emergency phone number(s) for parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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