

NEW HOPE CENTRAL OAHU
PARENT/GUARDIAN AUTHORIZATION AND CONSENT FORM
P.O. Box 893855, Mililani, HI 96789

Activity information

Activity: Zeo Bonfire/BBQ night Location: Alii Beach Park Baptism site
Date: Nov 22, 2014 Time: Drop off 6:00pm, Pick up at 10:00pm
Group: ZEO Cost \$0 Please bring hygiene items for Give Thanks Transportation: Parents to drop off
Driver: none
Phone contact(s) Bel 554-9754, Steven 398-5229

[Signature]
Bel Young, Activity Leader Signature

[Signature]
Pastor Mark Palompo

I hereby grant permission for my child to participate in the activity named above. I agree to release and hold harmless New Hope Central Oahu, including its staff, officers, volunteer leaders, and/or designees from all liability in the event of bodily injury, personal property damage, loss and/or death that may result from travel and involvement in this activity.

This authorization and consent form will remain effective during the dates, inclusive, specified above.

Parent Signature Date

Medical/Emergency contact information – must be completed

Name of Youth (Please print) Age Birth date

Name of family doctor Phone contact

Preferred Hospital Insurance Coverage Group number Policy number

Additional comments regarding medical history, current daily medication, allergies, drug reactions, etc., which may be needed in any treatment: _____

In case of emergency, parent/guardian will be contacted first. If parent or guardian is not available, relative listed below will be contacted:

Parent/Guardian Name (please print) Relationship Phone contact

Parent/Guardian Name (please print) Relationship Phone contact

Name of relative (please print) Relationship Phone contact

This release gives us permission to take your child to the nearest available medical facility and have the necessary treatment administered. This is necessary, as most hospitals will not administer any medical attention to a minor without parental consent. Therefore, please read the following statement and sign below. This will allow us permission to seek whatever medical attention we deem necessary for your child or children.

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Steven Ho, Bel Young (adult or youth leader in charge of group) permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment (physician, surgeon, dentist, medical practitioner, or medical facility licensed to practice medicine by the appropriate authorizing agency) to do so, using those measures deemed necessary. I further agree to be responsible for such medical or dental costs incurred. I understand this authorization is given in advance of any specific diagnosis or treatment.

Print Parent Name

Parent Signature Date