

# Youth Activity Permit and Medical Release

Longs Peak Baptist Church  
1601 Collyer St. Longmont, CO 80501  
303-776-8521

\_\_\_\_\_ (name of teen)  
has my permission to participate in the \_\_\_\_\_, including, but not  
limited to, transportation connected with a Youth event.

\_\_\_\_\_  
Signed by parent/legal guardian

## Medical Release

I, the undersigned parent/legal guardian, authorize emergency medical treatment for

\_\_\_\_\_ (minor/s).

This authority is granted in the event of a medical emergency which, in the opinion of  
the attending physician, may endanger life, cause disfigurement, physical impairment,  
or undue discomfort if delayed.

I assume responsibility for any costs connected with such treatment and hereby  
release Longs Peak Baptist Church from any liability.

\_\_\_\_\_  
Signed by parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Phone

Specific medical allergies, chronic illnesses, or other conditions

\_\_\_\_\_  
Other contact in case of emergency:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone