

I, \_\_\_\_\_ allow my child \_\_\_\_\_  
(Parent's Name) (Teen's Name)  
to attend \_\_\_\_\_ on \_\_\_\_\_. I understand that  
(Youth event) (Date)

they will be riding with the O'Fallon Church of Christ youth group. In case of an emergency, I authorize a licensed physician to administer first aid and other necessary medical treatment to the above named minor when the need for such treatment is immediate and when efforts to contact me are unsuccessful.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Teen Signature)