FBC Walnut Valley PARENTAL PERMISSION FORM

By my signature below,	has permission to participate in
(Name of Participant) Youth Group Events sponsored by FBC Walnut Valley for the period listed above.	
	January 2023throughJanuary 2024 _ and covers all
associated activities sponsored by FBCWV or it	sYouth (Jr. High & High School) Ministry.
I have been provided a copy of and have read the accompanying information about the activity. In the event of a medical or other emergency, I may be reached at:	
(Home Phone) (B	usiness Phone) (Cell Phone)
any charges not covered by my child's health in requires urgent or emergency medical care or Arbitration Policy, a copy of which has been p	harmless FBC Walnut Valley for any costs it incurs, and for nsurance coverage for services rendered if my child treatment. Disputes shall be governed by FBCWV's provided to me.
Group # or Account #:	Member Services Phone #
Patient ID #: Primary Care Provider Name:	
Is your child taking any medications?	🖸 Yes
List:	
Does your child have any allergies to medication	ons, insects, or foods? 🛛 No 🖵 Yes
List:	
During the period defined above. in	the event of medical necessity, I also

consent to the release of any of my child's Personal Health Information (PHI) as defined under the Health Insurance Portability and Accountability Act (HIPAA) to the extent necessary to protect the health and well-being of my child.