

# Youth Spiritual Fasting Parental Consent Form

Youth Name

Age

Event/Activity Name

Date(s) of Fasting Activity

## Parent/Guardian Information

Parent/Guardian Name

Relationship to Youth

Contact Number

## Medical Information

Does the youth have any medical conditions or dietary restrictions we should be aware of?

Emergency Contact Name

Emergency Contact Number

## Consent & Acknowledgement

I, as the parent or legal guardian of the above-named youth, hereby give permission for my child to participate in the above-described spiritual fasting activity. I acknowledge that I have provided all relevant medical information and understand what this activity involves.

Parent/Guardian Signature

Date