



# PERMISSION SLIP

I give my permission for \_\_\_\_\_ to attend this First Friends youth activity.

**Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Note: *Permission slip* must be turned in for each activity even if medical information has previously been turned in to the Youth Staff.



# MEDICAL FORM

Name of Student: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): home \_\_\_\_\_ cell \_\_\_\_\_ Email: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Do you attend church? : \_\_Y \_\_N Where? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ work/cell (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ work/cell (\_\_\_\_) \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ work/cell (\_\_\_\_) \_\_\_\_\_

If parents are divorced, who has primary custody? Mother \_\_\_\_\_ Father \_\_\_\_\_

**In an emergency when parent/guardian cannot be reached, please contact the following:**

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ work/cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ work/cell (\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Current Medication with dosage: \_\_\_\_\_

All medications must be administered by a designated adult and MUST be in the original container labeled by the pharmacy. If you would like you child to have any over the counter medicine, (ie. Tylenol/Ibuprofen) it will need to be turned into the youth staff and administered on an as needed basis.

Hospital Insurance \_\_ Yes \_\_ No Insurance Co. \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Conduct of the participant:** The participant agrees to conduct himself/herself in such a way that is becoming of Christian principles and behavior at all times. A list of Youth Guidelines can be picked up in the Youth room or viewed on the website listed below. Any and all behavior problems that arise are subject to disciplinary action.

I, hereby authorize adult workers with the youth of First Friends Church to secure medical or dental care; which may include but is not limited to ambulance, x-rays, examination, anesthetic, medical or surgical diagnosis, in the event of illness or injury while under the supervision of First Friends Church staff or youth workers. In which case, I shall pay for all such expenses and will in no way hold First Friends Church or its representatives responsible for any financial obligation.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: Medical information only needs to be turned in once for the August 2007-2008 Youth Calendar unless any information changes

Additional permission forms/medical forms can be printed from the web <http://www.firstfriends.org/Ministries/Senior-High-Youth/Special-Events>