ONE WAY YOUTH MINISTRY

 **Parent Permission Slip & Insurance Information**

I (We) the undersigned parent(s)/guardian(s) give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate (EVENT NAME) ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

on the dates of ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

under the supervision of Daryl “ Slugg” Kissinger Youth Pastor/Director of Children & Youth Ministry

 Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical & Insurance Information

# Name of Student:

Address:

City/State/Zip:

Date of Birth:

Person to Contact in an Emergency:

Telephone Numbers:

Drug Allergies:

Medicine Currently Being Taken: Date of Last Tetanus:

Known Medical Problems:

Family Doctor: Telephone Number:

Health Insurance Company:

Identification Number:

Group Number:

Other Important Information:

Check Those Which Apply

\_\_\_\_ Heart Murmur

\_\_\_\_ Hay Fever

\_\_\_\_ Anemia

\_\_\_\_ Asthma

\_\_\_\_ Sinus Problems

\_\_\_\_ Convulsions

\_\_\_\_ Diabetes

## **Parent/Guardian Authorization for Medical or Surgical Care for the Above Person**

### *This is a release authorizing the group coordinator to call an authorized doctor to administer medical and/or surgical treatment should an emergency exist. This authorization is intended to cover immunizations, injections, minor operations and procedures, and necessary anesthesia. In the event of the need for any of these, an attempt will be made to contact me, the parent/guardian, before relying on this authorization.*

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