

2016-2017

First United Presbyterian Church Permission Slip

Name of Student

Student's date of birth

I give permission to the Youth Director and or youth sponsors to authorize emergency medical treatment for/ our son or daughter on any youth ministry sponsored event during the 2016-2017 school year. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life.

In case of medical emergency, I understand that every effort will be made to contact the parents or guardians of the participant. In the event that I/we cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary. Below are any special instructions or information that would be pertinent in case of a medical emergency.

Please list any medications, including nonprescription, which your child takes below. These medications will be given to the Youth Director or a designated sponsor for safe keeping and will be administered by same according to directions. Students are not to hold any medications in their possession unless special arrangements are made in advance with the Youth Director or a designated sponsor.

List any other pertinent information such as allergies, medical issues, dietary needs or addictions.

Health carrier insurance information including policy number and primary policy holder.

Name of Primary Care Physician and phone number

I also give First United Presbyterian Church permission to use my child's picture on social media sites, church brochures and materials. **Yes** _____ **No** _____

Name of Parent/Guardian and phone numbers

Name and phone number of Emergency Contact

Signature of Parent/Guardian

Date _____