

Permission and Medical Consent Form

As parent/legal guardian, I hereby give permission for my child/youth to participate in the following activity related to ***First United Church of Christ, Troy, Ohio***. If there is a medical emergency, and reasonable efforts to reach me fail, I give permission for church staff or volunteers to authorize emergency medical treatment to be administered by medical personnel. ***Please print all information (except for signatures at end of form).***

Name of Activity: _____ **Date of Activity:** _____

Child/Youth's Full Name: _____
Last First Middle

Sex: _____ **Birth Date:** _____ **Age at Event:** _____

Name of Parent/Guardian: _____

Home Address: _____

Telephone contacts:

Home: _____ **Work:** _____ **Cell:** _____ **Cell:** _____

If parent/guardian is not available in an emergency, please notify:

Name: _____

Home: _____ **Work:** _____ **Cell:** _____

Please check the following for allergies:

Penicillin:		Hay Fever:		Other drugs:	
Insect stings:		Ivy poisoning:		Other:	

Does this child/youth have any medical/health problems, and/or had chronic or recurring illness(es), which would have an effect on their participation in this activity? Yes [] No [] If yes, please describe:

List any medications the child/youth will be taking on the trip:	
List any medications needing refrigeration:	

Physician: _____ **Contact number:** _____

Medical Insurance Info:

Parent/Guardian
Email address: _____

Parent/Guardian
Signature/Date: _____