

Permission/Information Form

Detail of Student

Name: _____

Date: ____/____/____

Address: _____

Male/Female (circle appropriate)

Grade: _____

School: _____

Home School: Y/N

Grade: _____

Graduation Year: _____

Parent/Guardian Information

Name(s): _____

Email: _____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Text: Y/N

Address: _____

Emergency Contact Details:

In the event of an emergency relation to your son/daughter, please provided information of guardians or relations below which we can use to contact in case you are unreachable.

Contact 1: _____

Contact 2: _____

Home Phone: (_____) _____ - _____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Relationship to the Child: _____

Relationship to the Child: _____

Insurance information:

Please supply ALL of the following information. *Attach a copy of your insurance card.*

Medical Insurance Co.: _____ Group#: _____

Policy#: _____ Company's Address: _____

Company's Phone: (_____) _____ City: _____

State: _____ Zip: _____

Family Physician's Name: _____ Phone: (_____) _____ - _____

Medical Information:

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness, ect.) which we should be aware of? _____

Does your student have any special dietary needs? If so, please explain. _____

Are there any disabilities or special needs we need to know about? If so, please explain. _____

Please explain any other pertinent information about the participant (i.e. physical, behavioral or emotional) that would be important for our leadership to know. _____

Over-the-Counter Medication Permission: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

NO, Contact me or get medical help if my child has any minor medical concern.

Parent

Signature _____

Yes, I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent

Signature _____

List All medications the youth will take during any youth ministry trips, retreats or events (on campus or off). This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATION to the adult youth leader in their original containers with complete dispensing instructions before the start of the event.**

Medical Name	Dose	Treatment For	Dispensing Instruction

As a parent/guardian of (child’s name) _____ (hereafter “my youth”), I give permission for my youth to participate in all of Fellowship Student Ministries of Fellowship Bible Church in Oskaloosa IA activities and events. I give permission from my youth to ride in the church Van.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the person listed as Parent/Guardian and if they are unable to be reached Contact 1 then Contact 2 will be reached. In the event he/she cannot be reached in an emergency, I hereby give my permission (unless otherwise stated) to the physician or dentist selected by the activity leader to hospitalize, secure medical treatment, and/or to order injection, anesthesia, or surgery for my youth as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. IF I do not have medical insurance, I understand that I am responsible for the costs that incurred. I understand all reasonable safety precautions will be taken while the youth are in authorized locations during the events and activities of the Fellowship Student Ministries of Fellowship Bible Church.

I understand the risk of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Fellowship Bible Church, its leaders, employees, and volunteer staff liable for damages, losses, or injuries incurred by my youth.

	____/____/____
Parent/Guardian Name Print	Date
	____/____/____
Parent/Guardian Name Signature	Date