



FIRST FRIENDS CHURCH

### Permission Slip

I give 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.



FIRST FRIENDS CHURCH

### 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: \_\_\_\_\_ Phone #1(\_\_\_\_) \_\_\_\_\_ Phone #2(\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #1(\_\_\_\_) \_\_\_\_\_ Phone #2(\_\_\_\_) \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone #1(\_\_\_\_) \_\_\_\_\_ Phone #2(\_\_\_\_) \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Phone #1(\_\_\_\_) \_\_\_\_\_ Phone #2(\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1(\_\_\_\_) \_\_\_\_\_ Phone #2(\_\_\_\_) \_\_\_\_\_

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

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

Current medication and dosage: \_\_\_\_\_

Any medication that is needed during an event must be administered by our designated adult and MUST be in the original container labeled by the pharmacy. If you would like your 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 Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

In the following statements, First Friends refers to all authorized adult leaders with the youth program, both paid staff and volunteers. These statements are valid from **September 1, 2010-August 31, 2011.**

- I give permission for my student, named above, to attend and participate in First Friends activities.
- I give permission for First Friends to photograph my child or myself and use those photographs for future advertising.
- I give permission for First Friends to transport my student during these activities.
- I give permission for First Friends to make necessary decisions in any medical emergency involving my student.
- I will not hold First Friends Church or Flipd volunteers responsible for payment of emergency medical treatment involving my student or liable in any way for any harm to my child during participation in activities.
- The participant agrees to respect any guidelines given by First Friends related to behavior at activities. Any behavioral problems that arise are subject to appropriate disciplinary action.

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

Medical information only needs to be turned in once for Sept.1, 2010 - Aug. 31, 2011 unless any information changes.