



FIRST FRIENDS  
CHURCH

### Permission Slip

I give my permission for \_\_\_\_\_ to participate in 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 to the youth staff.*

### Medical Form

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: 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, 2011-August 31, 2012.**

- 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, 2011 - Aug. 31, 2012 unless any information changes.



## Service Project Travel Permission Slip

Dear Parents,

Here at flipd we believe that Christianity is more than just reading the Bible and attending church (though those are integral parts!) - it's taking the wonderful things we've learned and actively living them out. Christ was continually on the move, serving anyone and everyone that came across His path. In an attempt to encourage students to actively live out their faith like Christ, once a month we have a "do" night in which we go out into the community as Christ agents.

Students who are going out into the community will leave as close to 6:30 PM as possible and return no later than 8:30PM. Once in a while we may ask a group of students to come early so as to meet the needs of the evening's service project.

In order for service projects to be successful both physically and spiritually, we need your help in the following ways:

- On "do" weeks, please have your student at the church no later than 6:30PM so that they can serve with their small group
- Make sure your student is dressed to serve (modest clothing!)
- Pray for the students serving as well as those who they are serving
- Consider volunteering to drive a small group
- Fill out this permission slip as well as the medical form so that your student can travel with flipd leaders in their own vehicles or in FFC owned vehicles to the varying areas of ministry

I, \_\_\_\_\_, give my permission for \_\_\_\_\_ to travel by private car and/or church vehicle throughout Stark County to serve with the First Friends Church Middle School Youth Group on service projects and connect nights for the 2011-12 school year. In case of accident or injury, I will not hold First Friends Church, its employees, or FFC volunteers liable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please contact us at 330.966.2800 or by email with any questions you may have. Thanks for allowing your student to serve alongside us!

Joel Daniel Harris  
Middle School Pastor  
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Abby Skiba  
MS Ministry Assistant  
askiba@firstfriends.org