



## ***Service Project Travel Permission Slip***

*Dear Parents,*

*In order to give our middle school students a better understanding of what it means to be a disciple of Christ and practice His outrageous love we will be doing service projects outside the walls of FFC on a regular basis (roughly every other week).*

*At least 1 boys group and one girls group will stay at the church and prepare for their projects or serve at the church. The other groups will go out to serve, leaving promptly at 7pm to do their project and return by 8:15. On rare occasions we may ask your middle schooler to come early so that we can do a longer project but we will do our best to stay withing the usual Wednesday night time frame.*

*For this to be successful and hopefully for your student to develop a servant's heart (maybe it will even be evident at home), we need your help with the following things...*

- On the weeks your student is going out to serve please have them at church and in the middle school room so that we can leave by 7pm. If they are late they will work with the "stay" groups to prepare for their next "go" or serve at FFC*
- Have your student dress appropriately (school dress code). If it is a messy "go" we will let them know to wear old (but still modest) clothes.*
- We need your prayers*
- We need your thoughts/ ideas for future projects and your help if you are interested*
- And finally we need your permission for our student to travel by the leaders private cars and/or church vehicle on "go" weeks to different sites in Stark County including (but not limited to) nursing homes, shelters, private homes, soup kitchens, the streets.*
- Please fill out the medical form on the back of this letter as well.*

*\_\_\_\_\_ 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 for the 2009-10 school year. In case of accident or injury I will hold First Friends Church, its employees, and its middle school leaders harmless.*

*Signature*

*Date*

*Please contact us at 330.966.2800 or cbules@firstfriends.org with any questions  
Thanks for partnering with us. We're excited to serve Canton for Christ!*

*Joel Daniel Harris  
Middle School Pastor*

*Catherine Bules  
JDH Ministry Assistant*

*Kellie Johnson  
Service Project Coordinator*



# 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 to the youth staff.*

## 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, 2009 - September 1, 2010.**

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 individuals leading activities 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, 2009 - Sept.1, 2010 unless any information changes.

*Additional permission slips & medical forms can be printed at [www.flipd.org](http://www.flipd.org) (under "more" -> "papers")*