



Permission Slip

I give permission for _____ to attend the _____
First Friends youth activity.

Parent or Guardian: _____ **Date:** _____

Please note: Permission slip must be turned in for each activity, even if your medical information is on file.

Check box if you have a 2018/2019 school year medical form on file.



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 **August, 2018 - July 2019**.

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. If you do not want your image used, please contact us at highschool@firstfriends.org.

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 Warehouse 514 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 **August 2018 - July 2019** unless any information changes.

May we add this form to our online secure database. We will not share/sell information. Yes ____ No ____