

ATKINSON CONGREGATIONAL CHURCH PERMISSION SLIP & MEDICAL RELEASE

I give full permission for my child, _____, to attend Youth Group on 10/28/18 in E.Derry and 12/2/18 in Atkinson, as well as dates to be determined.

Child's Date of Birth _____ Address _____

Parent Name _____ Home Phone _____ Work _____ Cell _____

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In an emergency if I cannot be reached, the following person is authorized to act on my behalf:

Name _____ Phone # _____ Relationship _____

- My child is in good physical condition
- My child has certain health issues which may inhibit his/her ability to fully engage in certain activities (Please list any possible limitations on the back of the form)

Allergies _____

Is your child taking any prescription or over-the-counter medication? Yes No
If yes, please list on the back (or sealed in an attached envelope) the medication and reason for taking it.

List medications your child may carry: _____
With the exception of inhalers, Epi pens, etc., we strongly discourage children from carrying medication at church events. If children or youth do need to carry medication, it must be in the original container and have with it a signed note from a parent and/or doctor stating doses and times when the medication is to be used, and it must be taken in the presence of adult staff/volunteers or the child's parent. Medications should never be shared with another child.

Are tetanus shots/vaccinations up to date? Yes No

Permission/ Permits:

- Yes No Photos of my child may be posted on the church's website or social media.
- Yes No Permission is granted for the leader (who is certified in First Aid and CPR) or other supervising adult to administer first aid as deemed necessary.
- Yes No Permission is granted for this child to receive necessary treatment by a qualified EMT or physician in his/her office, a hospital emergency room or ambulance in the event of an accident, serious illness or injury.

Insurance:

Name of medical insurance carrier: _____

Policy Number: _____ Group # _____

Primary Care Physician _____ Phone # _____

By virtue of my signature below, I validate that the above information is correct, and I hereby hold harmless the Atkinson Congregational church, staff, workers and volunteers for any injury my child may receive while participating in Christian Education sponsored activities and programs.

Parent/Guardian Signature: _____ Date: _____