

## Church of the Good Shepherd Youth Group Permission Form

*As a parent or legal guardian, I hereby give permission for my child to participate in the off-premises activity, organized by Church of the Good Shepherd, Orange, CT, and listed below. This may include travel in private or public vehicles.*

Event Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies/reactions: Insect stings: \_\_\_\_\_ Ivy poisoning: \_\_\_\_\_ Environmental: \_\_\_\_\_

Other: \_\_\_\_\_

Medications: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Any other concerns: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Medical health problems or injuries, chronic/recurring illnesses that would have an effect on participation in activities: \_\_\_\_\_

Activity limitations: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Family dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

*I understand that in the event that my child requires medical or dental treatment while engaged in a church activity, reasonable efforts will be made to contact me; however, if I cannot be reached I hereby give permission and consent to the Church's authorized representative or other adult leader acting on behalf of the church to authorize medical, dental or diagnostic treatment (to include x-rays and surgery) as advised by appropriate medical authorities licensed to practice where the services are rendered. To the best of my knowledge, I have listed all my child's allergies, medications, medical concerns and other pertinent information.*

*This permission and medical consent will remain in force through the entire event unless revoked by me in writing.*

Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Print name from above: \_\_\_\_\_

This form must be completed and emailed, returned to the church office during business hours or provided to chaperones at drop-off to allow child participation in the above referenced event. A separate form is required for each event.