

ST. JOHN'S YOUTH ANNUAL PERMISSION SLIP

Due to Insurance regulations, we are required to have a signed permission slip from parent or guardian in order for their son or daughter to participate in youth activities sponsored by our Church. We are suggesting that by signing this one form, you will give permission for all activities during the year. If you wish to have a separate permission slip for each activity, please notify me in writing of your request. If your child is bringing a friend, please be aware that they will also need a signed permission slip. The slips will be available from Pastor, the Youth Advisor, or in the box located in the Youth Room.

_____ has my permission to participate in all Church-sponsored youth activities of _____ (Child's name) St. John's Lutheran Church, Depew, NY, that will be planned during the _____ school year.

I can be reached at _____ (Telephone Number).

If I cannot be reached, please call _____ at _____ (Relative or Friend) (Telephone Number)

_____ (Parent or Guardian Signature) _____ (Date)

The following medical information will be kept on file at the Church for safety and medical purposes.

Family Medical Insurance Co. _____ Group # _____ ID My child's family doctor is: _____

His/her doctor's address is: _____

Doctor's Telephone Number: _____

My child is allergic to the following: _____

My child has special medication for _____ And is required to take it _____

(Special instructions for medication)

My child has had the following illnesses: (Please check the appropriate ones)

- _____ Chicken Pox
- _____ Breathing Problems
- _____ Measles
- _____ Heart or Lung Problems
- _____ Flu Vaccine
- _____ Poison Oak/Ivy

Received his/her last tetanus shot on _____

His/her blood type is _____

If you have further concerns, please include them on the reverse side.

ST. JOHN'S YOUTH PERMISSION SLIP FOR A FRIEND

Due to Insurance regulations, we are required to have a signed permission slip from parent or guardian in order for their son or daughter to participate in youth activities sponsored by St. John's Lutheran Church. Please fill in the permission form and necessary information.

_____ Has permission to participate in _____
(Name of Child) (Name of Activity)

sponsored by St. John's Lutheran Church, Depew, NY, on _____.
(Date or dates)

(Signature of Parent or Guardian) (Date)

Please fill out the following information in case of emergency:

Family Medical Insurance Co. _____ Group # _____ ID # _____

My child's family doctor is: _____

His/her doctor's address is: _____

Doctor's Telephone Number: _____

My child is allergic to the following: _____

My child has special medication for
and is required to take it

(Special instructions for medication)

My child has had the following illnesses: (Please check the appropriate ones)

- | | |
|-------------------|------------------------------|
| _____ Chicken Pox | _____ Breathing Problems |
| _____ Measles | _____ Heart or Lung Problems |
| _____ Flu Vaccine | _____ Poison Oak/Ivy |

Received his/her last tetanus shot on _____

His/her blood type is _____

If you have further concerns, please include them on the reverse side.