

Youth Activity Permission Slip and Release Form

Parental Consent, Certification and Medical Authorization

As the parent (or legal guardian) of _____

(Child's name)

I certify that I have been informed that, as a member of the youth group, of Fellowship Baptist Church, Willow Spring, NC, my child will be participating in a number of activities from _____ through _____, which carry with them a certain degree of risk. These include any of the activities, which the group may offer.

I consent for my child to participate in these activities.

I also represent that my child is fit and able to participate safely in these activities.

Medical Treatment Authorization

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the particular activities.

I also give my child's youth leaders permission to restrict my child from participation in any activity which they have any questions about for health or other reasons.

(Signature)

(Date)

(Day phone)

(Eve. phone)

All attempts will be made to contact the parent first, however, please list one other emergency contact person.

(Name)

(Relationship)

(Phone)

Youth Activity--Permission

Slip-and, Release Form

Please list all pertinent health insurance information; i.e. policy number and doctor's name and number. Also, please list any allergies and medical Conditions.

Teen's name _____ age _____

Date of birth _____

Address _____

Doctor's name: _____ Phone _____

Dentist's name: _____ Phone _____

If in the Wake Co. area, the hospital you prefer: _____

Insurance Co. _____ Policy Number _____

Allergies: _____

Medical information needed on my teen:

