

2019-2020 AEC Youth Group Permission Slip & Medical Release Form

CURRENT GRADE _____

This form will be kept on file and used ONLY by church staff and/or program leaders. It provides essential data in case of an emergency, transportation or other need so that the parent or designated alternate(s) can be contacted.

Today Date: _____

STUDENT'S NAME: _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

STUDENT PHONE _____

HEALTH CONCERNS/ALLERGIES _____

MOTHER'S NAME _____ CELL/HOME PHONE _____

FATHER'S NAME _____ CELL/HOME PHONE _____

PARENT'S EMAIL _____ HOME CHURCH _____

If parent or guardian is unavailable, please contact:

NAME _____ PHONE _____ RELATIONSHIP: _____

Health Insurance Information:

Company Name: _____ Policy Number: _____

Employee Name: _____ Employee Phone: _____

Name on Policy: _____

I hereby give permission to the Archbold Evangelical Church to secure emergency medical and surgical treatment and to provide routine, non-medical care for the minor children named above while attending any youth activity. I understand, and ___yes volunteers in leadership positions and/or staff have my permission or ___I must be contacted for permission (**check one**), to transport my child to and from events.

Signature _____ Date _____