

**2018-2019 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 \_\_\_\_\_ IF CELL, WHAT CARRIER? (VERIZON, SPRINT, ETC) \_\_\_\_\_

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:**

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Employer 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 \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_



ARCHBOLD  
EVANGELICAL  
CHURCH



ARCHBOLD  
EVANGELICAL  
CHURCH