

## Evans Church of God Blanket Permission Slip

I give permission for my child to participate in the programs sponsored by the Evans Church of God. This permission slip is valid for all activities held at the church or away from the church in 2012. I understand that adults supervise all events. Specific information regarding group activities will be distributed and is available from one of the leaders. Special events may require additional permission forms.

In the event of an emergency, I give permission to the church staff or volunteers to seek appropriate medical attention for my child. Every attempt will be made to notify me immediately of such an emergency. I understand that while Evans Church of God staff and volunteers will do their best to insure my child's safety, they cannot take responsibility for any injuries to my child.

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

Youth's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Birth date \_\_\_\_\_

### **EMERGENCY CONTACTS** (Numbers will be called in the order they are listed)

Parents Phone #1 \_\_\_\_\_

Parents Phone #2 \_\_\_\_\_

Parents Phone #3 \_\_\_\_\_

Parents Phone #4 \_\_\_\_\_

If Parents Cannot be Reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

### **MEDICAL INFORMATION**

Name of Insurance \_\_\_\_\_

Group Number Member Number \_\_\_\_\_

Allergies \_\_\_\_\_

Medications Used \_\_\_\_\_

Known Medical Problems/Conditions \_\_\_\_\_

\_\_\_\_\_