

OLIVET PRESBYTERIAN CHURCH YOUTH PERMISSION SLIP

I give my child, _____, permission to participate in all confirmation activities and trips to other places of worship sponsored by **Olivet Presbyterian Church** in Cedar Rapids, Iowa.

General Information

Child's name: _____ Birthday: ___/___/_____

Address: _____
(Street) (City) (Zip)

Home Phone#: _____ Child's Cell#: _____

School attending: _____ Grade level: _____

Father's name: _____ Cell#: _____

Mother's name: _____ Cell#: _____

I understand that the mentors will their best efforts to supervise; however, I also understand they are not responsible for loss of personal property or bodily injury.

Signature of Parent/Guardian: _____

Date: ____/____/_____

During confirmation sessions, there may be photos taken for church use on the web site. Will you give us your permission to use these photos of your child, knowing that your child's name will **not** be attached to these photos.

I give permission for Olivet Presbyterian Church to use my child's photo in the manner described:

Signature of Parent/Guardian: _____

Date: ____/____/_____

(Please fill out the medical information on the reverse side of this page)

Medical Information and Emergency Release

In the event my child becomes ill, is injured or requires emergency medical attention of any kind, and I cannot be reached by phone, I authorize the adult chaperone(s) to make the necessary decision concerning emergency treatment. I also give permission for my child to be transported to the nearest medical facility or hospital for treatment. I understand that I will assume full responsibility for the payment of services rendered.

Parent/Guardian Signature: _____

Date: ____/____/_____

If a parent cannot be reached, please contact the emergency person listed below.

Contact: _____ Home #: _____

Cell #: _____ Relationship _____

My child wears contacts lenses: YES___ or NO___

My child's last Tetanus shot was administered on: _____

My child's allergies to medications are: _____

My child's other allergies are: _____

The medications my child takes on a regular basis are: _____

Other information about my child that should be known to healthcare providers is:

Name of Child's Physician: _____

Physicians Office #: _____

Medical Insurance Company: _____

Phone #: _____

Policy #: _____ **Group #:** _____