

General Permission Form for Youth
Chesterton First United Methodist Church

Event _____

Date of Event _____ Destination of event _____

Time of Departure _____ Leaving from _____

Time of return _____ Returning to _____

Transportation _____ Cost _____

Name of youth _____ Grade _____

Address _____

Parents Name _____

Number where you can be reached during this event _____

Doctors Name _____ Phone _____

Family Health Insurance _____ Policy number _____

Emergency contact:

Name and relationship: _____

Phone _____

Please list any medical information:

Activities my youth should NOT participate in _____

Medications and instructions _____

Allergies _____

I hereby authorize any emergency treatment of my son/daughter that must be administrated before I can be contacted. I wish to advise as soon as possible of such treatment. I otherwise wish to be advised of any proposed medical treatment of my child prior to such treatment.

I (parent or guardian) _____, grant permission for my

son/daughter, _____ to participate in this youth event.

Date: _____ Signed _____