

**Bethany Church, U.C.C. Youth Group
Health Information and Permission Form**

Permission is hereby granted for _____ to participate in activities sponsored by Bethany U.C.C. of Randolph, Vermont. This form will serve as a permission slip for all youth group activities and information will be provided for each individual activity. Adult leaders are given permission to seek medical treatment as may be required during youth group activities.

Youth: _____ d.o.b. _____ Grade: _____ Email _____
Cell: _____ Address: _____ City: _____ Zip: _____

Parent/Guardian's Name: _____ Email _____
Home Phone: _____ Work or Cell Phone: _____
Address (if different from youth): _____ City: _____ Zip: _____

Parent/Guardian's Name: _____ Email _____
Home Phone: _____ Work or Cell Phone: _____
Address (if different from youth): _____ City: _____ Zip: _____

In the event that there is an emergency and you can't be reached please provide us with an emergency contact person.
Name _____ Day Phone _____ Eve Phone _____

Special needs or medical conditions _____
Allergies to food or medications _____
Medications taken regularly _____
Directions for storing and administering above medication _____
Date of last tetanus shot _____ Are all vaccinations up to date? _____
Physician _____ Phone _____
Medical insurance company _____
Policy # _____ Group # _____

I give permission for my child to be given the following over the counter medications by a youth group leader or chaperone: Please circle appropriate medication(s)

Ibuprofen (Advil) Acetaminophen (Tylenol) Cold Medication Benadryl Tums/Roloids Dramamine

I, hereby release and discharge Bethany Church, UCC, of Randolph, VT, it's employees, staff, trustees, volunteers and members from any and all liability, obligations, damages and expenses, including liability for personal injury arising either as a results of, or in the course of, our child's travel and participation in youth group activities.

Parent/Guardian Signature _____ Date _____