

Eliot Baptist Church Youth Fellowship

Universal Permission Slip

I, hereby, grant permission for my child, _____, to travel to and/or attend the youth group _____ trip, and to be treated, in case of personal injury, by a medical professional if deemed necessary by the chaperons in attendance of this activity.

If such an unforeseen incident is to occur, you the parent or legal guardian will be notified immediately at the phone number(s) below:

I also release and discharge the church, staffs, elders, employees, and volunteers of Eliot Baptist Church from any claims or demands, which are associated with my child's involvement concerning this activity.

Parent/legal guardian signature: _____

Date: _____

Contact information:

Primary phone - _____

Work - _____

Email - _____

If I cannot be contacted,

Please contact: _____

Please indicate by checkmark any medications/drugs that **are approved** for use if given by a youth leader in the recommended dosage:

___ Imodium (for diarrhea)

___ Claritin (for allergy)

___ Acetaminophen such as Tylenol (fever/moderate pain reliever)

___ Ibuprofen such as Advil (anti-inflammatory aches and pain reliever)

___ Antacid

___ Benadryl (for allergic reactions)

List all drug and seasonal allergies/Special Health Considerations:

EBC Youth Medical Form

Emergency Contact and Medical Information for a Child

<hr/> Child's Name & Date of Birth	<hr/> Child's mobile phone number (if available)	M	F
		Sex	
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name		
() Primary Phone	() Work Phone	() Primary Phone	() Work Phone
<hr/> Address	<hr/> Address		
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code		

Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact		
() Home Phone	() Work Phone	() Home Phone	() Work Phone
<hr/> Address	<hr/> Address		
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code		

Medical Information

Home Hospital/Clinic

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release Eliot Baptist Church and individuals from liability in case of an accident during activities related to Eliot Baptist Church, as long as normal safety procedures have been taken.