

**St. Paul United Church of Christ Youth Ministry
New Bremen, Ohio
Permission to Participate**

Name of Student _____

Age _____ Birth Date _____

Address _____ Phone () _____

City _____ State _____ Zip Code _____

School _____ Grade for 2010-2011 _____

Emergency Contact _____

Phone Numbers _____

Parent Email _____

Relationship to Student _____

Emergency Contact _____

Phone Numbers _____

Relationship to Student _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by St. Paul United Church of Christ in New Bremen, Ohio during the 2010-2011 school year. This form will also cover trips and activities during summers 2010 and 2011. I understand that by signing this paper I will be notified of events sponsored by the church, but will not be required to sign a permission form for each activity.

Signed _____ Date _____

Permission to be transported:

I understand that these church-sponsored activities could include weekly youth group meetings, but also events outside of the church, which will require my student to be transported to and from the event, such as retreats, concerts, nursing homes, and other trips.

Signed _____ Date _____

(Continued)

I understand and consent for adult youth leaders to contact and encourage my student by or through (check all that apply):

- Phone calls to home phone**
- Personal letter or card sent to home address**
- Phone call or text to student's cell phone (number)_____**
- Email_____**
- Personal visit at school events**
- Personal invitation for a meal or snack at a restaurant**

Signed_____Date_____

Does your student have any medical, dietary, or social needs we should know about? Please explain below (please include any allergies to food or medicine at this time):

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Health Insurance Information:

Hospital Insurance_____
Insurance Company_____
Policy Number_____

Signed_____Date_____