



PERMISSION FORM 2014-2015

CHILD INFORMATION

Child's Name: _____ Grade: _____

Parental contact(s): _____

Home Phone: _____ Cell Phone: _____ Texting: Y or N

Address: _____

Parent Email: _____ Birthday _____ Tshirt size _____

EMERGENCY CONTACT (parents will be contacted first)

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

PERMISSION TO ATTEND

I give permission for our (my) child, _____, to attend and participate in Splash activities sponsored by St. Paul UCC.

Signature: _____ Date: _____

PERMISSION TO BE TRANSPORTED

I give permission for our (my) child, _____ (child's name), to be transported by adult volunteers to field trips and service projects sponsored by St. Paul UCC.

Signature: _____ Date: _____

TRANSPORTATION TO Splash

Yes, I give permission for my child to be picked up from New Bremen Elementary and taken to St. Paul United Church of Christ on Wednesday afternoons. I also understand that at 5:00 p.m. it is my responsibility to pick up my child or to make arrangements for my child to be picked up from St Paul UCC by 5:00 p.m.

Signature: _____ Date: _____

No, my child will be arriving at St. Paul's UCC by other means and the staff and volunteers at St. Paul UCC are not responsible for transporting him/her.

Signature: _____ Date: _____

ABSENCES

If your child cannot attend Splash for any reason **please notify Katie Jackson**, Director of Youth Ministries at St. Paul UCC **(419-773-9610 call or text)**. This is to ensure your child's location and will also help with the carpool set up.

MEDICAL INFORMATION

Medical Doctor: _____ Phone: _____
Address: _____ Clinic Name: _____

Dentist: _____ Phone: _____
Address: _____ Clinic Name: _____

Medical Problems (Please Describe):

Allergies:

Any condition that would limit physical activity: _____

Current Medications:

Yes/No (circle one): My child can be given Tylenol or Advil for headache or minor pain.

Signature of Parent or Guardian : _____

Please complete EITHER Part I or Part II below:

Part I: Grant Consent

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the previously-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and, (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent/Legal Guardian Date

Part II: Refusal to consent (DO NOT COMPLETE IF YOU COMPLETED PART I).

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the church leaders to take the following action: **(MUST BE COMPLETED IF REFUSING CONSENT FOR TREATMENT)**

Signature of Parent/Legal Guardian Date