



St. Paul United Church of Christ  
New Bremen, Ohio  
Permission to Participate 2014-2015

Name of Student \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grade for 2014-2015 \_\_\_\_\_

Parental contact(s) \_\_\_\_\_

Phone Numbers \_\_\_\_\_ Can I text you? Y or N

Parent Email (you will be added to our email list) \_\_\_\_\_

Emergency Contact (if parent can't be reached) \_\_\_\_\_

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 2014-2015 school year. This form will also cover trips and activities during summer 2015. 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 on opposite side

I understand and consent for Katie 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) \_\_\_\_\_
- Invitation for snacks or a meal

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):

---

---

---

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

Please return the completed form to Katie at PO Box 6, New Bremen, OH 45869

Katie Jackson, Director of Youth Ministries

419-773-9610 (cell), 419-629-2502 (office) or [stpaulnyouth@gmail.com](mailto:stpaulnyouth@gmail.com)