

2005-2006 First United Presbyterian Church Permission Slip

Student's Name _____

I give permission to Isaac Terwilleger (Director of Youth Ministries), or another adult youth sponsor, to authorize emergency medical treatment for my/our son/daughter on any youth ministry-sponsored event in the 2005-2006 school year. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary. Below are any special instructions or information that would be pertinent in a medical emergency.

Medications (including non-prescription), which your son/daughter may have with him/her:

Other pertinent information (allergies, medical issues, dietary needs, addictions, etc.) or anything else you would like us to be informed about:

Health Insurance Carrier: _____

Policy Number: _____

Name of Doctor: _____

I/We can be reached at these numbers:

Emergency Contact and Phone Number: _____

Signature of Parent or Guardian: _____

Date: _____