



Surge Student Ministries  
Reaching Up. Reaching Out. Reaching Youth.†

## PERMISSION SLIP

I give my permission for \_\_\_\_\_ to attend Surge Student Ministries Events during the 2015-2016 academic school year. This permission slip covers events where transportation is provided by Friends Church staff & volunteers (i.e All-Nighter, Youth Explosion, Concerts, etc.). **\*Medical Information only necessary once for 2015-16 calendar unless information changes\***





Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL FORM

Name of Student: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): H/Cl \_\_\_\_\_ Email: \_\_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Do you attend church? : \_\_Y \_\_N Where? \_\_\_\_\_ Social Media (circle):    

Father's Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ work/cell (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ work/cell (\_\_\_\_) \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ work/cell (\_\_\_\_) \_\_\_\_\_

If parents are divorced, who has primary custody? Mother \_\_\_\_\_ Father \_\_\_\_\_

In an emergency when parent/guardian cannot be reached, please contact the following:

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ work/cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ work/cell (\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Current Medication with dosage: \_\_\_\_\_

*All medications must be administered by a designated adult and in the original container labeled by the pharmacy.*

Health Insurance \_\_ Yes \_\_ No Insurance Co. \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Conduct of the participant:** *The participant agrees to conduct himself/herself in such a way that is becoming of Christian principles and behavior at all times. Any and all behavior problems that arise are subject to disciplinary action.*

**Medical/Emergency Procedures:** *I, hereby authorize adult workers with the youth of Hughesville Friends Church to give my child over the counter medicine (ie. Tylenol/Ibuprofen) on an as needed basis. I also authorize adult workers to secure medical or dental care; which may include but is not limited to ambulance, x-rays, examination, anesthetic, medical or surgical diagnosis, in the event of illness or injury while under the supervision of Hughesville Friends Church staff or youth workers. In which case, I shall pay for all such expenses and will in no way hold Hughesville Friends Church or its representatives responsible for any financial obligation.*

**Photo/Video Release:** *I give permission for photos and/or videos of my student to be used in Hughesville Friends Church marketing & communication products (i.e. website, youth FB page, slideshows, fliers etc.). In most cases the student's name will not be used, but when it is there will be no last name provided.*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_