

**First Christian Church  
412 W. Main Street  
Richmond, Kentucky 40475**

**Blanket Permission Slip for Youth Ministry Participation  
And Medical Waiver  
August 2009-August 2010**

**This permission slip is intended to include all scheduled youth ministry events that are planned and sponsored by First Christian Church; most youth ministry events occur at the location of the church, but some events will occur off campus. By signing this permission slip, you are giving First Christian Church, its ministerial staff, and volunteer sponsors permission to transport your child by church van, church bus, or personal vehicle. This permission slip includes all scheduled and sponsored youth ministry events from August 2009-August 2010.**

**I give permission for \_\_\_\_\_ (*name of youth*) to participate in the activities associated with youth ministry at First Christian Church. I furthermore give permission for the ministerial staff and youth volunteers to transport my child to and from scheduled and sponsored events pertaining to youth ministry and the life of the church. I pledge my support to the youth ministry by providing a positive outlook concerning the youth ministry programs and its sponsors. I will respect the youth ministry by agreeing to drop-off and pick-up my child by the designated times.**

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*Parents'/Guardians' Signatures*

**I, \_\_\_\_\_ (*name of youth*), understand that participation in the youth ministry program at First Christian Church requires me to reflect the Image of God in what I do. I will refrain from language that does anything to denigrate any of God's creation. I will respect all involved as children of God. I will cooperate with adult sponsors and other youth. I will honor them by listening, refraining from judgment, and offering compassion. I will express myself appropriately as I expect to listen to and be heard by others. I will never compromise the safety and well-being of others involved in youth ministry.**

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*Youth's Signature*

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**Parent/Guardian Information**

Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Parent Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Parent Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Youth Medical and Health Information**

The safety and well-being of all youth is a top priority in our Youth Ministry. All information obtained is to assist us in providing a safe environment for all youth and acquiring medical care for your child should an emergency arise. Information will be held in confidence and shared only with those who provide supervision for youth activities.

Include a copy of the youth's family medical insurance card (front and back) with this waiver.

If the youth is not insured, please check here

Youth's Social Security Number \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Conditions:**

Is youth in good health and able to participate in all normal physical activities? Yes No (if no explain)

\_\_\_\_\_

List any recent illnesses, surgeries, or injuries that may affect youth participation

\_\_\_\_\_

Any dietary restrictions? \_\_\_\_\_

Known allergies to food \_\_\_\_\_

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Known allergies to medications (penicillin, etc.) \_\_\_\_\_

Any of the following **allergies** or **conditions** with which the youth has been diagnosed:

- ADD ADHD  
Asthma Eating Disorder Fainting  
Food Hay Fever Poison Ivy/Oak Other

I give permission for adult sponsor to administer Tylenol or Ibuprofen as needed by one of the adult sponsors.  
Yes No

**Medications:**

For the safety in administering medication, please leave prescription medication in its original container; this is also in compliance with Kentucky law. All medication must be turned in prior to departure on any activity.

Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

**General:**

Is there anything else we should know about your child in order to minister effectively to him or her?

\_\_\_\_\_

**\*\*\*\*Please remember to photocopy your medical insurance card and attach to form\*\*\*\***

***Rules for Acceptance and Participation are the same for everyone without regard to race, color, national origin, age or gender.***

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