

PAINESVILLE BAPTIST CHURCH YOUTH/CHILDREN ACTIVITY PERMISSION SLIP FOR 2010

_____ has my permission to attend any children/youth event in 2010 sponsored by Painesville Baptist Church.

PARENT/GUARDIAN: Please sign below. Please provide as much of the following information as possible (including the additional information on page 2) so we will have it in an emergency. Please print.

BASIC INFORMATION REQUIRED FOR ALL EVENTS

NAME _____
BIRTH DATE _____ AGE _____ SEX (M/F) _____ SOCIAL SECURITY NUMBER (optional) _____
PARENT/GUARDIAN HOME PHONE () _____ / WORK PHONE () _____ / CELL PHONE () _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
IN AN EMERGENCY NOTIFY _____ RELATION _____
HOME PHONE () _____ WORK PHONE () _____ / CELL PHONE () _____
CHILD'S DOCTOR _____ DOCTOR'S PHONE: _____
CHILD'S DENTIST _____ DENTIST'S PHONE: _____
Insurance Carrier: _____ Policy Number: _____

Please check medications that we may give your child if it is needed: ___ Tylenol ___ Advil ___ Aleve ___ Tums/Roloids

If your child needs to take a prescription medicine, please notify a youth leader.

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parents/guardian. In the event I cannot be reached, I hereby give my permission to the physician selected by the youth leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. Please provide your insurance carrier and the policy number.

SIGNATURE _____ **DATE** _____

ADDITIONAL MEDICAL INFORMATION (REQUIRED FOR OVERNIGHT TRIPS)

CHILD'S NAME _____

HEALTH HISTORY: (Check - giving approximate date)

Frequent Colds	Bronchitis	Measles	Whooping Cough
Stomach Upsets	Diabetes	Ear Infection	Rheumatic Fever
Chickenpox	Mumps	Heart Trouble	Convulsions
Sinusitis	Fainting	German Measles	Epilepsy
Kidney Trouble	Tuberculosis		

ALLERGIC REACTIONS:

Bee Sting	Serious Poison Ivy/Oak/Sumac	Penicillin	Other Drugs or other allergies (Please list)
-----------	------------------------------	------------	---

Please provide any additional information on the above and any other health issues regarding this child.
