

Youth Group Information and Permission Form

Grandville United Methodist Church

Grandville, Michigan

This form is intended to be universal to cover all activities that may be held between September 2010 and August 2011. In some situations, a specific event may require its own permission form. Otherwise, this will suffice. Please fill it out as accurately and completely as possible.

General Information

Youth's full name _____ Birth date _____ Grade _____

Parent's name(s) _____

Siblings (names/ages) _____

Address _____ City _____ State _____ Zip Code _____

Phone #s (____)____-____ (home) (____)____-____ (parent's work) (____)____-____ (parent's cell)

(____)____-____ (child's cell) (____)____-____ (message) (____)____-____ (other)

E-mail _____ (parent/family) _____ (child)

Emergency Contacts (Please list persons other than parents)

Emergency contact # 1 _____
(name) (address) (phone) (relationship)

Emergency contact # 2 _____
(name) (address) (phone) (relationship)

Medical Information

Please list any allergies/sensitivities: _____

Doctor: _____
(Name) (address) (phone number)

Physical concerns/limitations/anything the staff should be aware of: _____

Food allergies: _____

Medications your child takes regularly (name/dose/times/etc.) _____

FOR THIS QUESTION, PLEASE CIRCLE ONE OF THE FOLLOWING: YES NO

If my child has a headache or minor muscle aches/pains, I give permission for my child to be given pain reliever (either Tylenol or Advil). Please provide comments as desired...i.e. preferred medication, dose, frequency, etc.: _____

Parent Volunteer Information

Yes! I am willing to assist as needed at events or meetings. Please give me a call when you are making your adult volunteer assignments.

Name: _____ Best contact: _____

Signed (parent/guardian): _____
(signature) (print your name) (date)

