



Permission Slip for TLC Youth

Event Information (to be filled out by event organizers)

Activity:
Date of Event: Return Slip by:
The group will leave from the church at: and return at:
The Approved Adult for this event will be:
Additional supervision will be provided by:
Have your child bring:

Permission (to be filled out by parent/guardian)

\_\_\_\_\_ has my permission to participate in the above child/youth group activity.

My child will bring the info/items requested above

In case of emergency, call:

Name: Cell Phone Relationship

If this person cannot be reached, call:

Name: Cell Phone Relationship

I am willing to chaperon/drive if needed: YES NO

The Child and Youth Safety Policy requires that when only one child is being transported by a non-parental adult, there shall be two adults present, unless the parent/guardian notes otherwise. My child may be transported by \_\_\_\_\_ without the requirement of a second adult.

HEATH INFO\*

All immunizations required for school are up to date. YES NO

Medication Allergies:

Food Allergies/Dietary Restrictions:

Other Allergies:

List any illnesses, chronic condition, physical condition, or mental limitations your child may have that requires restriction on activities:

Does your child have medications that will need to be given during the period of the event?

YES NO

Table with 4 columns: Medication, Quantity, When Given, Comment

Do you give consent for the supervising adults to give your child the above medications or these over the counter medications: Tylenol, Ibuprofen, Benadryl, Other:

YES (You may cross out specific medications if desired) NO

In case of an emergency, I understand that efforts will be made to contact the emergency contact listed above. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Legibly Printed Name of Parent or Guardian

Signature of Parent or Guardian Date