

Current prescription medication & dosage: _____

Current over-the-counter medication & dosage: _____

Permission for Treatment and Discharge

Adult supervisor(s) have my permission to provide over-the-counter medications in case of accident or illness as indicated below. Please initial next to all permitted treatments:

- Tylenol/Acetaminophen
- Ibuprofen
- Robitussin/expectorant
- Immodium/anti-diarrhea
- topical treatments in case of rash, poison ivy, etc...
- Aspirin
- Benadryl/Antihistamine
- Tums/antacid
- Dramamine/travel sickness prevention

This form is required for all Youth Group activities away from Hope Valley Baptist Church property. My child/ward has my permission to participate in any church sanctioned trip, event, or activity during the 20__-20__ church year. I understand that I will receive information giving specific departure and arrival times, planned activities, contact persons, and any other pertinent information prior to any trips, events, or activities. My permission is granted for Hope Valley Baptist Church staff member, chaperone, or sponsor in charge of trips, events, or activities to obtain necessary medical attention in case of accident, sickness, or injury for _____ (participant's name). I/we the undersigned do hereby release and forever discharge all sponsors and Hope Valley Baptist Church from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or inquiry while participating in the event. We further accept financial and physical responsibility for the return of our child(ren) should the adult supervisor(s) find it necessary to send him/her/them home.

Signature of Parent/Guardian

Date

Signature of Witness

Date

Youth Information Sheet

Date: _____

Personal Information

Full Name _____

Nickname/Name called _____ Date of Birth _____

Home Address: _____
(Street) (City) (Zip)

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

School Name _____ Current Grade _____

Parent/Legal Guardians:

Name _____ Relationship _____

Home Address: _____
(Street) (City) (Zip)

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Name _____ Relationship _____

Home Address: _____
(Street) (City) (Zip)

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Security Information

Are there any custody arrangements of which the leaders should be aware? _____

In case of an emergency and a parent/legal guardian cannot be reached, whom should we contact?

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Signature of Parent/Guardian Date

Signature of Witness Date

Note: Parental permission must be given in writing in advance for any youth to drive to an event away from church property.