

**First Congregational Church of Tallmadge, OH
Permission Form**

I give permission to my _____(child) to participate in youth activities related to First Congregational Church of Tallmadge, OH. This includes activities both on and off church property with adult supervision.

MEDICAL PERMISSION

If contact with a parent or guardian is not reached, I, _____ (parent or guardian), do hereby authorize and empower _____ or adult supervisor to take such action as, in her opinion, shall be necessary for the welfare of _____ (child) including but without limitation, transportation for medical/dental and/or surgical treatment; and I, the undersigned will pay or reimburse any and all costs and expenses incurred.

Dated _____ Signature Parent/Guardian _____

Name of Parent/Guardian (print) _____

Address _____

Home Phone _____ Work phone _____

Are you a guest? _____ Who invited you? _____

MEDICAL INFORMATION

Name of Minor _____

Date of Birth _____ Age _____

Physician/Phone _____

Dentist/Phone _____

Food allergies _____

Medical Allergies _____

Current Medication being taken _____

Date of last Tetanus Immunization _____

Emergency Contact Person (if parents are unable to be reached)

Name _____ Phone _____