

# Tuscarora Baptist Church Student Ministries

441 Cook Rd. Addison, NY 14801 (607) 359-2720

## Parental Permission Slip for Youth Group Activities **2021**

### Student Information

Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name \_\_\_\_\_ Gender: M or F Birthday \_\_ / \_\_ / \_\_\_\_

Entering \_\_\_\_\_ Grade Fall of 2021 \_\_\_\_\_ School Name: \_\_\_\_\_

I hereby agree and consent to my child's participation in the various Tuscarora Baptist Church Student Ministries activities, scheduled and unscheduled, of the **Tuscarora Baptist Church (TBC)** of Addison, and give my permission to TBC, its agents and employees, to exercise such discretion as it/they deem necessary to supervise any and all church-related activities in which my child is a participant for the duration of my child's involvement in the TBC youth department and to exercise its/their discretion in assessing the medical needs of my child and to give permission for and to incur such medical attention, advice, procedures and or expenses as it/they deem necessary and further, I agree not to hold TBC, its agents or employees, responsible for any church related activities, medical care rendered or not rendered, expenses incurred, or the results thereof. I understand that it is my responsibility to inform TBC of any changes pertinent to this form (change in insurance carrier, additional medical information, etc.) and to complete an updated form to keep information on my child current.

Signature of Father: \_\_\_\_\_ Date \_\_/\_\_/2021

Signature of Mother: \_\_\_\_\_ Date \_\_/\_\_/2021

Signature of Guardian: \_\_\_\_\_ Date \_\_/\_\_/2021

### Primary Guardian Information (Parent, Grandparent, etc.)

Name(s): \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Alternate Emergency Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### Medical and Insurance Information

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone: (\_\_\_\_) \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Other Pertinent Medical Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescribed Medications: \_\_\_\_\_