



**COMMUNITY SERVICE PERMISSION SLIP**  
January 1, 2019 – December 31, 2019

**Student Information**

Youth Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (zip)

Youth Email Address: \_\_\_\_\_

Youth cell phone number: \_\_\_\_\_

Medical Information/Allergies: \_\_\_\_\_

**Emergency Contact Information**

Parent or Responsible Adult: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide the names of persons to contact if parent(s) cannot be reached:

Name: Phone: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Name: Phone: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

In case of an emergency please take my child to:

- \_\_\_\_\_
- or the nearest hospital.

\_\_\_\_\_ has my permission to participate in  
(name of student)

The Foundry Community Church's Food Pantry or Community Outreach between January 1 and December 31, 2019. I also understand that The Foundry Community Church is not liable should injury come to my child. I give permission for emergency medical care to be given by a hospital should my child need such treatment before I am contacted.

\_\_\_\_\_  
(Parent Name) (Signature) (Date)

\_\_\_\_\_  
(Parent Name) (Signature) (Date)

## Insurance

Insurance Company: \_\_\_\_\_

Member/Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_