

Madison Community Church
YOUTH ACTIVITY PERMISSION SLIP
For Students Under the Age of 18

_____ has my permission to participate in the following event:
Student's Name

Name of Event

on _____, _____, _____, _____.
Day Month Date Year

In the event of an emergency where medical assistance is needed, I give my permission for the Youth Ministry Leaders to obtain help from a hospital or physician as necessary. Please contact me immediately of any such situation. I understand that every precaution will be taken to insure the safety of my child, and I agree not to hold Madison Community Church or its staff responsible if an accident should occur.

I also give permission for Madison Community Church to record any or all participation via photos and video, and to use such media on the MCC website and Youth Facebook Page.

Name: _____ Signature: _____
Parent or Guardian

Emergency Contact Number: _____ Date: _____



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Madison Community Church
YOUTH MEDICAL INFORMATION SHEET

This form provides medical information to be used by the youth ministries staff in the event of an accident or injury and/or to apprise the youth ministries staff of any existing health issues, such as allergies. All students under the age of 18 must have a signed medical release turned in prior to attending their first activity. This medical information sheet should be completed by the parent or guardian of the named student. It is the responsibility of the parent or guardian to provide updated information should any of this information change. *This is not a permission slip. A separate permission slip/medical release will be provided for each event.*

Student's Name: _____		
First	Last	
Street Address: _____		
City: _____	State: _____	ZIP Code: _____
Home Phone #: (_____) _____ - _____		
Parent's Cell Phone #: (_____) _____ - _____		
Parent's Name: _____		
Parent's Signature: _____		
Health Insurance Company: _____		
Health Insurance Number: _____		
Year This Information is Valid (current year only): 2015		

Important Medical Information (such as allergies):
