**Date of Form**  **Date Expires**

**Child/Youth Name**  **Date of Birth**  **School**  **Address**  **City**  **State**  **Zip Code**

**Parent/Guardian Names:**

**Mothers Contact Info: Father’s Contact Info:**

**Cell**  **Cell**

**Home**  **Home**

**Work**  **Work**

**Email**  **Email**

**Emergency Contact Info:**

**Name**  **Phone #** **Name**  **Phone #**

**Insurance Info:**

**Insurance Company Name**  **Policy #**

**Group No**  **Name of Policy Holder**

**Students Medical Conditions:**

**Students Allergies:**

Students Current Medications:

Please list any special instructions regarding the care of your child:

Physician’s Name: Phone #

Dentist’s Name: Phone #

Permission:

I give my child/youth , permission to join the Children/Youth group of Firestone Wesleyan Church in any of the activities at the Church or trips sponsored by the church. I hereby release Firestone Wesleyan Church, the Pastor, Children’s Director and Youth Pastor or any other church staff and any approved volunteer from the responsibility and liability for any illness or injury that my child/youth may sustain during the child/youth activity. I also authorize an adult leader to give my child/youth any medication which I provided for the trip or activity.

In the event of an emergency, I hereby authorize an adult leader of Firestone Wesleyan Church to act as an agent for me to consent to any xrays examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate), licensed to practice under the laws of the state where the service is rendered, either at doctor’s office or in a hospital. I understand that I will be contacted regarding the condition of my child/youth as soon as possible. I understand that it is my responsibility as the parent/guardian to provide any necessary up- dates to the information contained in this Medical information & Permission Form as needed to maintain current information on my child/youth.

Parent Signature Date:

Witness: Date: