



2009-10 YOUTH GROUP TRIP PERMISSION FORM

Full Name _____

Name you prefer to be called _____

Address _____

HomePhone _____

Email _____

Birthdate _____ Age _____

School you attend _____ Grade _____

Parent's Names _____

~~~~~ **PERMISSION SLIP** ~~~~~

To Whom it may concern

\_\_\_\_\_ has our permission to go with the Aldersgate UMC Youth Group on off-site outings in 2009-10. This may involve being transported in a vehicle driven by an adult age 21 or older.

Please seek any medical assistance needed while he/she is with this group.

Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Insured \_\_\_\_\_

Emergency numbers to call are:

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



**JR. & SR. HIGH YOUTH GROUP  
HEALTH AND EMERGENCY INFORMATION**

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

1. Has there been a recent exposure to a contagious disease?  Yes  No  
If yes, what and when? \_\_\_\_\_

2. Indicate any recent illness or hospitalization \_\_\_\_\_  
\_\_\_\_\_

3. Indicate any known allergies to food, medications, bee stings, etc. \_\_\_\_\_  
\_\_\_\_\_

4. Date of last Tetanus vaccination \_\_\_\_\_

5. Is your child subject to any of the following:  
 Fainting  Seizures  Sleep Walking  
 Asthma  Diabetes  Other \_\_\_\_\_

6. Note any other physical restrictions or health problems: \_\_\_\_\_  
\_\_\_\_\_

7. Note any medications which your child is currently taking: \_\_\_\_\_  
\_\_\_\_\_

8. Note any dietary requirements or restrictions: \_\_\_\_\_  
\_\_\_\_\_

9. Other information which the Youth Director should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_