**RSM ACTIVITY PERMISSION SLIP**

I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO ATTEND THE RSM FUNCTION LISTED BELOW. MY INITIALS ATTEST THAT I AM IN AGREEMENT WITH THE CONDITIONS CONTAINED WITHIN THE APPROPRIATE SECTIONS. ANYONE UNDER THE AGE OF 18 MUST HAVE A SLIP COMPLETED BY THEIR PARENT/GUARDIAN AND RETURNED BY THE EVENT DEADLINE.

YOUTH FUNCTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUTH’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY DOCTOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOCTOR’S PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF LAST TETANUS SHOT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRUG ALLERGIES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATIONS CURRENTLY TAKKING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOW OFTEN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME/DAY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL RELEASE**:

In the event of an emergency or if medical care becomes necessary for my son/daughter, I consent and grant permission to authorize medical attention as recommended by a licensed physician.

PARENT’S INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION RELEASE**

I am aware that the youth will be transported to and from the activity in a church, rental, or private vehicle and that no drive shall be under the age of 21 years old.

PARENT’S INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE RELEASE**

I realize that insurance from the Newburg First Church of God begins where the individual’s health and accident policy terminate. It is only valid when other insurance has been extended to it’s limit.

PARENT’S INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL BELONGINGS RELEASE**

I realize that the Newburg First Church of God is not responsible for lost or damaged belongings.

PARENT’S INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCIPLINE RELEASE**

My son/daughter is aware that they must abide by the rules set forth by the Youth Pastor and Youth Leadership Team and failure to obey such rules may require the youth to be sent home. Transportation arrangements and expenses will be the responsibility of the parents.

PARENT’S INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY NAME AND PHONE NUMBER (OTHER THAN PARENT OR GUARDIAN):

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