



Scottsdale Congregational UCC

Permission Slip for Youth Activity.

Name of Youth: _____ Grade _____
Address: _____

Parent's or Gaurdian's Names _____
Home Phone _____ Cell Phone _____

Emergency Information

In case of an emergency and the person above cannot be reached, please contact:

Name _____ relationship _____
Phone _____ Alternative phone _____

Medical information:

Insurance Co: _____

Group ID no: _____

Are there any special diets, allergies, medications or restrictions of activities we need to be aware of? _____ If so, what?

I/we realize that while participating in church events, alcohol consumption, smoking chewing of tobacco and inappropriate behavior are not allowed. IF violated, the youth will call his/her parents and the parents will come to the activity and take the youth home.

As a parent/guardian, I give permission for my child to participate in church events and authorize any medical treatment that may be necessary under the circumstances that I cannot be reached. I release Scottsdale Congregational Church of any liability.

Signature of Youth: _____

Signature of Parent/Guardian _____

Date _____

Activity attending _____ Date of activity: _____