

Youth Permission Slip and Health Form

Please Check off Events Attending

___ ABCORI Youth Day Program

___ ABCORI Youth Overnight Program

___ ABCORI Youth Day and Overnight Program

___ ABCORI Day Childcare Program

Contact Information:

Child/Youth Name: _____

Child/Youth Date of birth ____/____/____

Child/Youth Grade _____

Parent/Guardian Name: _____

Address: _____

Phone Number (____)____-_____

Alternate Emergency Contact Name _____

Phone Number (____)____-_____

Health Information:

Does the participant require any medications? Y____ N____

If Yes, list the medications

Does the participant have any known allergies? Y____ N____

If Yes, explain

Does the participant have any current health conditions? Y____ N____

If Yes, explain

Date of most recent tetanus vaccination ____/____/____

Current Health insurance

information _____

Family Doctor Name _____

Phone Number _____

I _____ give my child _____ permission to attend the events indicated above. I hereby give permission to my child's designated youth leader to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the designated youth leader to secure and administer treatment, including hospitalization, for the person named above.

Parent or Guardian Signature: _____