

First Congregational United Church of Christ  
256 E. Chicago Street  
Elgin, Illinois 60120

## Permission Slip and Medical Form

Name \_\_\_\_\_ telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ has my/our permission to participate in the events planned for the youth. I/We understand that my/our son/daughter/self will be transported by the chaperones of the trip. We understand that they may travel by car, bus, train, or van. I/We will not hold First Congregational Church UCC of Elgin or any adult leaders liable in the event of an accident.

I/We understand that my son/daughter will be expected to behave in an acceptable manner. In extreme cases (drugs, fireworks, alcohol, etc.) I/We understand that my son/daughter may be sent home. I/We would be responsible for providing transportation.

I/We give my permission for the advisors/chaperones to seek any medical attention that might be necessary in caring for my son/daughter/self. I/We will take responsibility for any cost incurred in providing medical assistance.

Our insurance plan name and sponsor \_\_\_\_\_

Plan number \_\_\_\_\_

I.D. # \_\_\_\_\_

Name of insured \_\_\_\_\_

Date of last tetanus shot (highly recommended that it is up to date) \_\_\_\_\_

My son/daughter/self is allergic to the following \_\_\_\_\_

My son/daughter/self is taking the following medications \_\_\_\_\_

My son/daughter may be given over the counter medications for minor ailments ie: pepto bismol, dramamine, tylenol, cold/allergy medication, etc. Yes No

Other important information that I think the advisors/chaperones should be aware of \_\_\_\_\_

Telephone numbers of home, work, and other people to call in an emergency

home \_\_\_\_\_ work \_\_\_\_\_ work \_\_\_\_\_

cell phones \_\_\_\_\_

other emergency contact Name \_\_\_\_\_ phone \_\_\_\_\_

Signature(s) of parent/guardian \_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_ date \_\_\_\_\_