

## Mosaic Church Youth Permission Slip

FOR ANY YOUTH ACTIVITY TAKING PLACE AT MOSAIC CHURCH OR THAT TAKES THE YOUTH OFF MOSAIC CHURCH GROUNDS DURING THE **2012 YEAR**.

YOUTH NAME \_\_\_\_\_

PARENT'S/GUARDIAN'S  
NAME \_\_\_\_\_

I hereby give my consent for the youth listed above to participate in the scheduled Mosaic Church Youth sponsored events. I understand that all responsible caution will be taken by those persons in charge to prevent injuries, but neither the advisory nor Mosaic Church will be held responsible in case of an accident. **I agree to accept all responsibility of, and expense for my Youth's transportation home, if in the opinion of the advisor's, my Youth acts in an inappropriate manner, or in any way creates a situation that could endanger the other Youths or adults.**

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

Date \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### Medical/Other Information

The Youth named above IS/IS NOT (circle one) covered under medical insurance.

Name of Policy Holder \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Allergies to medications, food, or other pertinent medical information:**

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**The Youth is taking the following medication: (dosage, schedule, ...)**

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In case that I am unable to be reached in the event of a medical emergency, I hereby give my consent for my Youth to be treated for personal injury at the nearest facility available and I will be responsible for all charges incurred.

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

Date\_\_\_\_\_ Work Phone\_\_\_\_\_

Emergency Contact

Person/Phone\_\_\_\_\_

Please fill out and return to Mosaic Church. Thank you.