

**SELWYN AVENUE PRESBYTERIAN CHURCH  
YOUTH GROUP GENERAL PERMISSION FORM FOR NEW YOUTH  
2011-2012**

Youth name(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone (s): \_\_\_\_\_

Cell Phone (s): \_\_\_\_\_

**Emergency contact (if parent / guardian cannot be reached):**

Name: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Medical information:**

Youth Birth Date: \_\_\_\_\_

My child has permission to take: Tylenol - Yes/ No      Advil - Yes/No

Insurance Company: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Care Phone Number: \_\_\_\_\_

Is the youth on any medications? If yes, please provide details:

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

Please describe in full any allergies (drugs/food/environment)

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Is the youth on a special diet? If yes, please provide details:

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**PLEASE READ, SIGN AND DATE THE FOLLOWING:**

I, \_\_\_\_\_  
Parent/Guardian

give my youth, \_\_\_\_\_  
Youth Name

permission to participate in the meetings, activities, and outings sponsored by the Selwyn Avenue Presbyterian Church youth program. I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in sponsored activities. If my child requires emergency medical attention, I hereby give permission to the adult leader(s) in charge to authorize treatment for my child as named herein:

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

I give permission to use my daughter's/son's name and picture in church materials or on the church website:

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

PLEASE NOTE: The leadership team of Selwyn Avenue Presbyterian Church will treat the information provided here confidentially. This information may be shared with a third party when it concerns medical health or care of the youth.