

PERMISSION SLIP FOR SPECIAL EVENTS OUTSIDE WBC



Name of Event: _____

Day/Time Range of Event: _____

Youth's Name: _____ Date of Birth: _____

Parent / Guardian's Name: _____

Address: _____

Phone number(s): _____
Home Work

Cell

E-mail: _____

Youth's NS Health Card Number: _____

Do you have additional health coverage: Yes No

If yes, who is the carrier and what is your subscription number:

Does your son/daughter have any medical conditions, allergies, food intolerance, or difficulties we should be aware of:

Does your youth take any medications regularly? Yes No

How is this administered? _____

Any further specific instruction for the care of your youth for the above conditions?

Permission: I hereby give permission for my son/daughter to participate in _____ with the leaders of Wittenburg Baptist Church. I hereby give permission to the physician selected by my son/daughter's leader to hospitalize and secure proper treatment for my child if it is deemed necessary.

Parent's Signature

Date