

# Fulmont Community Church Youth Group • 2023-24 Permission Slip

All minors (under age 18 years) must have this filled out completely and signed by a parent or guardian to go on any trips, events, or activities sponsored by Fulmont Community Church Youth Group. Once it is filled out, please return it to any youth leader or mail to FCC, 16 W. Fulton St. Gloversville NY 12078

Thank you for your cooperation!

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## Contact Information

Name of Youth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade & Name of School \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Cell Phone Number(s) \_\_\_\_\_ Do you text? \_\_\_\_\_

Youth Cell Phone Number if applicable \_\_\_\_\_

Youth Email Address if applicable \_\_\_\_\_

Parent / Guardian Email Address if applicable \_\_\_\_\_

Alternate Emergency Contact Name & Phone Number \_\_\_\_\_

## Medical Information (In the event of an emergency)

Allergies \_\_\_\_\_

Dietary Requirements or Limitations \_\_\_\_\_

Regularly taken Medications \_\_\_\_\_

Physical Limitations \_\_\_\_\_

## Permission & Signatures

\_\_\_\_ (Check Here) I give permission for my child to take part in the events and activities of Fulmont Community Church Youth Group during the 2023-24 school year and agree that the youth group leaders and leadership team will not be held responsible for any injuries or illnesses that my child sustains during any activity or trip during the year. I hereby authorize a youth group leader, as an agent of myself, to provide routine health care (including over-the-counter medication such as ibuprofen), administer prescribed medications and seek emergency medical treatment, if deemed necessary by the adult leaders. In the event of an emergency, I authorize any adult leader of this activity, as an agent of me, to consent to any X-ray, examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised by a physician, surgeon, or dentist if I cannot be contacted. In the event of an emergency, I expect to be contacted as soon as possible and in the event that I cannot be contacted in an emergency, I authorize the physician or hospital selected by the leader to provide treatment, including hospitalization, for my child.

\_\_\_\_ (Check Here) I give permission for Fulmont Community Church to obtain and/or use my child's photograph in appropriate media outlets. I understand that images will not identify my child by name.

\_\_\_\_ (Check Here) I give the youth leaders permission to communicate about youth ministry events through various social media outlets including Facebook and Instagram.. Youth leaders will only use social media outlets that your child has an account for.

Parent / Guardian Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent / Guardian Name (Please Print) \_\_\_\_\_