Silver Creek Fellowship

PERMISSION FORM

(Required for any child 6th-12th grade)

I consent to the participation of _____ for youth group activities at Silver Creek Fellowship in Silverton, Oregon.

Parent/Legal Guardian: _____

Address _____

Home Phone: _____ Alternate Phone: _____

In Case of Emergency contact:

Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

Medical Information:

Name of your medical insurance company: _____

Policy or Group Number: _____

Child's Age: _____ Child's DOB: _____ Date of Last Tetanus Shot: _____

Allergies: _____

Medications Being Taken: _____ Dosage: _____

Physical impairments, handicaps, epilepsy, or any other unusual ailments or difficulties:

_____

_____

Family Doctor: _____ Doctor's Telephone: _____

DATE: _____ SIGNATURE: _____
(Parent or Legal Guardian)

YOU MUST FILL OUT AND BRING THIS DOCUMENT WITH YOU.