

**THE FIRST CHURCH IN WINDSOR
PERMISSION SLIP**

I give permission for _____

To attend _____

Age _____ Grade _____ Home Telephone #: _____

Address: _____

Parent's Name: _____
(Legal Guardian)

Mother/Guardian Cell #: _____

Father/Guardian Cell #: _____

Emergency Contact Name: _____ Phone #: _____

Who is authorized to pick up your child/youth? _____ Relationship: _____

Name of Physician: _____ Phone #: _____

Insurance Company: _____ Group #: _____

- In the event of an emergency, I hereby give permission to my physician, the Pastors, the Minister of Youth and Outreach or the designated Youth Leader of the First Church in Windsor to secure medical treatment for my child/children. Yes _____ No _____
- The church maintains a website, distributes current information through the edge and posts group pictures on a restricted Facebook group page (Facebook = high school only). We would like to share pictures of groups of youth and activities. Youth will not be individually identified. Yes _____ No _____
- My child/youth has my permission to be transported to and from the event by a licensed adult driver with the youth group (21 years of age or older). Yes _____ No _____

I understand that, in the case of a serious illness or accident and in the event church staff members or group leaders are unable to reach parents, or persons designated by me, the physician or dentist of my choice will be contacted. If none of these persons can be reached, I hereby authorized church personnel to seek whatever medical or dental attention is deemed necessary, where it is available. I also authorize the attending physician or dentist to render necessary treatment.

Signature of parent or legal guardian: _____ Date _____