

# HOUGHTON WESLEYAN CHURCH YOUTH GROUP

## SINGLE EVENT PERMISSION FORM

Event Name \_\_\_\_\_ Place \_\_\_\_\_

Dates     /     /     through     /     /     Mode of Transportation \_\_\_\_\_  
mm dd yy mm dd yy

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Address \_\_\_\_\_

Student's Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Text? Yes/No

Student's Email \_\_\_\_\_

Student's Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Birth Date     /     /     Last Tetanus Injection Date     /     /      
mm dd yy mm dd yy

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Special Medical Instructions (*please attach a separate sheet if necessary*) \_\_\_\_\_

Parent's Phone Number \_\_\_\_\_ Cell# \_\_\_\_\_ Text? Yes/No

Emergency Contact (if parent is unavailable) \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

(*Student's Name*) \_\_\_\_\_ has permission of the undersigned to participate in the activity indicated above. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. Insurance afforded by Houghton Wesleyan Church is an excess insurance, over any and all valid and collectible insurance coverage available to or for such person, as expressly named above.

Signature of Parent/Guardian \_\_\_\_\_ Date     /     /      
mm dd yy

Parent/Guardian's E-mail Address \_\_\_\_\_

**Houghton Wesleyan Church Youth Group**  
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**Houghton, New York 14744**  
**(585) 567-2264**  
**Pastor Jon Cole**  
**(585) 307-9950**  
**joncole@hwchurch.org**