

**Fairview Brethren in Christ Youth Permission Form**

To Whom it May Concern:

I, \_\_\_\_\_, am the parent/ legal guardian of \_\_\_\_\_, acknowledge that our child is traveling to **JD'S Custard** and has my consent and permission to travel with **the youth leaders** from Fairview Brethren in Christ Church. Please have permission slips by ASAP.

On the following dates:

**Friday, May 21st from 7:00 to 9:00**

**Cost for trip: \*\* If you want anything besides a double scoop of custard, you must provide your own cash**

For the following reason(s):

- JD's Custard end of school celebration and outdoor activities at Centennial Park

My child will be residing at the following address:

JD's Custard 322 Union Blvd Englewood, OH 45322
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During the time period of the trip, I authorize Fairview Youth leaders to seek, obtain, and consent to treat my child as deemed necessary by a licensed medical or healthcare professional if any emergency situation should arise. *Please have insurance card with your child during this trip in case of an emergency.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Any additional Questions please contact Fairview BIC Church at 937.836.5068 or Spencer Egolf at 717.816.2741



*\*\*You do not need to fill out the next page if you have already filled out our Emergency/Transport form\*\**

**Child's Health Information**

Health Conditions (e.g. Asthma, Diabetes): \_\_\_\_\_

Allergies (e.g. to Medications, Food): \_\_\_\_\_

Prescription Medications: \_\_\_\_\_

**Child's Medical Care and Insurance Information**

Physician/ Pediatrician: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy/ Group Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

**Parent/ Guardian's Information**

Parent's/ Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (H): \_\_\_\_\_

Phone Number (C): \_\_\_\_\_

Phone Number (W): \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Persons' Information**

Emergency Contact's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_