

2013 - 2014



# WE THE YOUTH

Providing Experiential, Social-Justice Events for Exeter Area Teens

## YOUTH PERMISSION SLIP

### Basic Information

Youth Name \_\_\_\_\_ Preferred Name/Nick Name \_\_\_\_\_  
Date of Birth (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Parent(s)/Guardian(s) Name(s) \_\_\_\_\_  
Parent Email(s) \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_ Parent Cell Phone \_\_\_\_\_  
Youth Cell (Optional) \_\_\_\_\_ Youth Email (Optional) \_\_\_\_\_  
Emergency Contact 1 (Name & Phone) \_\_\_\_\_  
Emergency Contact 2 (Name & Phone) \_\_\_\_\_

### Medical Information

Allergies \_\_\_\_\_ Allergy Meds \_\_\_\_\_  
Contact Lenses \_\_\_\_\_ Last Tetanus \_\_\_\_\_  
Existing Conditions \_\_\_\_\_ Medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Physical Limitations \_\_\_\_\_  
\_\_\_\_\_  
Family Physician (Name) \_\_\_\_\_ Family Physician (Phone) \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Name on Insurance \_\_\_\_\_  
Policy Number \_\_\_\_\_

-- Please fill out back --

## Permissions

Please initial in each required box and the optional boxes you wish.

I, \_\_\_\_\_, the parent/legal guardian of, \_\_\_\_\_, hereby give my youth permission to participate in all We The Youth sponsored youth activities taking place during the 2013-2014 school year.

I release the We The Youth sponsoring churches, their staff and volunteers, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize as temporary guardian, any We The Youth - approved adult leader of these activities to consent, in my absence and the absence of other legal guardians, to an x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in a hospital. I expect to be contacted as soon as possible.

(Optional) I give permission for my child/teen to have his/her picture taken during events and for possible display on bulletin boards, posters, church publications, and church websites/facebook pages. I understand his/her name will not be printed in association with the picture unless I give permission.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE BRING THIS FORM WITH YOU TO YOUR FIRST 2013-2014 WE THE YOUTH EVENT