## Trailside Chapel Caffey Corner



## PERMISSION SLIP THIS PERMISSION SLIP WILL BE VALID FOR ALL TCCC EVENTS

## YOUTH INFORMATION

Name:Today's Date	
Home Address:	
Home Phone:Date of Birth:	
EMERGENCY INFORMATION	
Parent or Guardian Name:	
Emergency Address:	
Emergency Phone:Relation:	
Medical Insurance Carrier:Policy No	
Enrollee Name: Group No Plan Code:	
MEDICAL INFORMATION Please list any known medical conditions, medications, or allergies (food, insects, latex, etc.) tha should know about: Permission to give: Tylenol Yes No Ibuprofen Yes No Benadryl Yes No PLEASE READ AND SIGN BELOW: I, the parent or guardian of the youth named on the registration form 1. Give permission for team member, sponsored by TCCC, to secure routine non-surgical medical can my teen while attending an event, including transportation to and from a hospital or doctor's office. 2. Give permission to the physician selected by the leadership team member to hospitalize, secure protreatment for, order injections, anesthesia or surgery for my teen. I understand that every effort will the made to contact me before any emergency procedures are undertaken. 3. Give permission for my teen to participate in all activities during an event, except as indicated und "physical limitations" noted elsewhere on this form, including transportation to and from the event. 4. Release TCCC from any responsibility other than normal supervision and care. In case of accident will not hold TCCC, its volunteers, staff or management liable unless guilty of gross negligence. 5. Give TCCC permission to use any photos, videos, or audio recordings of my teen while attending or participating in an event for the use of promoting its ministry.	re for oper oe er t, l

Parent or Guardian Signature: \_\_\_\_\_ Date Signed\_\_\_\_\_ Disclaimer: TCCC and/or its leadership are not responsible for lost or stolen items brought to any function or event by youth. All items brought are sole responsibility of youth and/or parents listed.

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