## **Youth Information and Permission Form**

Child's full name:	
Date completed: Birth Date: Current grade in school: School attended:	
Home address:	
Home phone:	Cell phone:
E-Mail address:	
Emergency contact (in case you cannot be reached):	: Name:
Relation to child:	Phone:
Is there anyone your child should <i>not</i> be released to Please list the people you give permission to transpose	
Is your child allowed to walk unsupervised between I understand that my child is not allowed to leave befor Family Church Affiliation: Where do you consider your church "home"?     Flore	re 8:00 p.m. unless I pick them up: yes
Other:	
Health information (Please list any allergies, medication	
Health Insurance Carrier:	Policy No.:
Permission to participate in Church Activ	rities:
I give my permission for my child	Christian Church. I understand that all activities are notice of any activities in which my child will go mission to seek emergency medical care if I cannot address harmless if my child becomes ill or hurt. I
Signed:	Date: