

Altamont Reformed Church Youth Ministries
ARC-Y LRC-Y COMBINED YOUTH GROUP, Grades 4-12, 2016-2017 School Year
PARENTAL PERMISSION SLIP and INFORMATION SHEET

Parental permission and information for: **ARC-y LRC-y Combined Youth Group meetings, events, activities, and transportation** (in accordance with Altamont Reformed Church Driving Policy)

Dates: **September, 2016 through June, 2017**

Locations: **Altamont Reformed Church, 129 Lincoln Avenue, Altamont, NY 12009, 861-8711 and Lynnwood Reformed Church, 3714 Carman Road, Schenectady, NY 12303, 356-4327**

Youth Participant

Name _____ Grade _____ Birth date _____

Full street address _____

Parent/Guardian _____ Phone _____

Emergency Contact (name) _____ Phone _____

Other emergency contact names & numbers _____

Does participant wear contact lenses/glasses (please specify)? _____

Does the participant have orthodontia? Yes _____ No _____

Describe _____

Participant takes the following **Medications** (dose, frequency, reason. Attach additional pages if needed): _____

Please detail any **medical conditions** or **allergies** that may require special attention including dietary needs/restrictions, allergies to medication, and other allergies. Please describe allergic reaction and needed management of the reaction (attach additional pages if needed): _____

Physician's name and phone number: _____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the youth leaders should be aware (attach additional pages as necessary).

I give my permission for my child's **transportation** (in accordance with the Altamont Reformed Church Driving Policy) **and participation in** the Altamont Reformed Church (A.R.C.) and Lynnwood Reformed Church (L.R.C.)-sponsored Combined Church Youth Group meetings, events, and activities taking place at A.R.C. and at L.R.C. during the 2015 - 1016 school year. In the event of illness or accident, I understand that adults in charge will make every effort to contact me or the emergency contacts I have provided. In the event that I or the emergency contacts cannot be reached, I authorize any of the A.R.C. or L.R.C. adult volunteers, leaders, drivers, or paid staff to **seek appropriate medical treatment or attention** on behalf of my child as may be required by the circumstances including, but not limited to, **medical doctor and/or hospital visits and arrangements for appropriate transportation for medical care.**

Parent Signature _____ Date _____

I understand that only **safe, responsible, and respectful behavior** will be permitted. If there is a concern with my child, leaders may call me for early pick-up of my child.

Parent Signature _____ Date _____