

*Altamont Reformed Church Youth Ministries*  
**ARC-Y LRC-Y COMBINED YOUTH GROUP, Grades 4-12, 2017-2018 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 2017 through June 2018**

Locations:

**Altamont Reformed Church, 129 Lincoln Avenue, Altamont, NY 12009, 518-861-8711**

**Lynnwood Reformed Church, 3714 Carman Road, Schenectady, NY 12303, 518-356-4327**

**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 (ARC) and Lynnwood Reformed Church (LRC)-sponsored Combined Church Youth Group meetings, events, and activities taking place at ARC and at LRC during the 2017 - 2018 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 ARC or LRC 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 \_\_\_\_\_