

Nichols United Methodist Church
Registration, Permission Slip and Medical Form for Youth Activities

35 Shelton Road; Trumbull, CT 06611 Phone (203) 375-5817

Youth name _____ Date of Birth _____ Grade _____

Parent/Guardian name(s) _____ Nichols Church Member: Y / N

Address _____ Home Phone _____

Student's Cell Phone _____ Parent's Cell Phone _____

Student E-mail address _____ Parent e-mail _____

Any other important Parent Info? _____

Student's last Tetanus Shot (please provide date)? _____

*** In case of emergency, and parents can't be notified:**

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

** We will always call the parents first, but having an alternate contact person is helpful.*

Medical Information (information provided will remain confidential)

If your son or daughter takes medication for a condition, please list the condition and the medication: _____

Please explain any restrictions of activities for medical reasons: _____

Medication allergies: _____

Food allergies: _____

Other allergies or issues: _____

Permission Slip

The person herein described has permission to take part in all published on-site and off-site activities related to the Youth Ministry at Nichols United Methodist Church. This includes allowing my child to ride in a car with an Adult Advisor to/from the activity.

In the event I cannot be reached for an emergency, I hereby give permission to the adult leader to seek medical treatment from a doctor or medical facility for my child. Additionally, I hereby give permission to use photos/images of my son/daughter in any publication affiliated with Nichols United Methodist Church or with any local news service used for publicity or displayed throughout the church.

Name of Parent _____ Date _____

Parent/Guardian Signature/s _____

Health Insurance Carrier & Phone _____ ID # _____