

South Church in Andover, United Church of Christ  
**STUDENT INFORMATION and PERMISSION SLIP**

I hereby consent to have my child(ren) \_\_\_\_\_

Attend the South Church Bi- monthly youth group meetings for 2009- 2010 school year

I am releasing South Church and/or any adults who are leading, directing, chaperoning, transporting, or who are in any other manner responsible for the activity from any and all liability for accidental injury to my child(ren) whatsoever.

Signature of parent/Guardian: \_\_\_\_\_

Emergency phone numbers:

Day \_\_\_\_\_ Evening \_\_\_\_\_

Other contacts if parent(s) are unavailable: \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance Information:

Carrier Name \_\_\_\_\_

Policy holder name: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Policy number \_\_\_\_\_

Additional information (physician's name, allergies, recent illness or injury, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child(ren)'s full name and Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (if different): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (if different): \_\_\_\_\_