

~Permission Slip/Hold Harmless Agreement~  
 For all Youth Events with First Congregational Church of  
 Hamilton

I give consent for \_\_\_\_\_ (name of minor) to attend any First Congregational Church of Hamilton (FCCH) Youth Ministry events, youth groups, etc. being sponsored by FCCH **from September 1, 2017 through August 31, 2018**. In the event that he/she is injured while under the care of the FCCH Youth Ministry and its representatives requiring the attention of a physician, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician. I further agree to hold the licensed physician, the medical facility, FCCH and its representatives free and harmless of any claims, demands or suits for damages arising for the authorization and provision of such medical treatment.

I give full permission for my child to travel with the planned and approved source of transportation that FCCH provides to any and all events or activities. I understand the nature of the events and do hereby release FCCH and its representatives from any liability due to accident or injury incurred by my child. I also acknowledge and give permission that images of my child may be chosen for display at church or via social media for promotion of FCCH programs/events. I understand the picture policy, knowing that FCCH will not post my child's name and will only select pictures with two or more people.

I understand that this permission slip covers a span of one school year and that I may request (verbal or written) its removal at any time of my choosing.

<b>Special Events Likely to Include:</b>	<b>Approximate time of year:</b>
Separate Girls'/Guys' Events (MS)	November
Deep Freeze (HS & MS)	January 26-28
Ossipee Overnight (HS)	February/March
Sky Zone or Laser Quest Event (MS)	March/April
5th and 6th Grade Bash	May
Tuesday Meet-Ups (HS)	June-August
Explore (MS)	July
Portland or Nassau Trip (HS)	July and August
Bike Outing (MS)	August
Other TBD Trips	TBD

Parent/Guardian Signature:
Parent/Guardian Printed Name:
Date:

~Permission/Hold Harmless Agreement~  
For Prescription and Non-Prescription Medication at FCCH  
Events

I give consent for \_\_\_\_\_ (name of minor) to be given the following \*nonprescription medication during any FCCH Youth Ministries event or trip sponsored by FCCH from **September 1, 2017 through August 31, 2018**. In the event that he/ she is sick/injured while under the care of FCCH Youth Ministries and its representatives, I hereby consent to and will be responsible for any reasonable non-prescription medication as deemed helpful by a staff or lay leader. I further agree to hold FCCH and its representatives free and harmless of any claims, demands, or suits for damages arising for the authorization and provision of such medication. **I understand that students are not permitted to self-medicate at FCCH events and trips and will provide all Rx and non-prescription medications to a leader upon arrival at each event.**

**STUDENT INFORMATION:**

Student Name:	Student Cell Phone:
Grade:	Primary Residence Home Phone:
Address:	City:
State:	Zip:
Parent/Guardian #1 Phone:	Parent/Guardian #2 Phone:
Parent/Guardian #1 E-mail:	Parent/Guardian #2 E-mail:
Primary Physician:	Physician Phone:
Emergency Contact:	Emergency Phone Number:
Insurance Name:	Insurance Card #:

**Current Health Conditions requiring emergency care: (circle all that apply)**

Asthma	Seizures	Diabetes	Severe allergic reactions (hives, anaphylaxis)	Other conditions:
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Food Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Glasses/ Contacts: { } Glasses { } Contacts      Date of Last Tetanus Vaccine: \_\_\_\_\_

MEDICATIONS: (check one)

{ } Student does NOT take ANY prescription or over the counter medications on a regular basis

{ } Student takes the following medications on a regular basis:

Medication:	Medication:
Dosage:	Dosage:
Reason:	Reason:

**OVER THE COUNTER MEDICATIONS (administered as needed, circle to signify permission to dispense)**

Advil/Motrin/ibuprofen	Tylenol/acetaminophen	Benadryl	Tums/Pepto-Bismol	Throat Lozenges
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Parent/Guardian Signature:
Parent/Guardian Printed Name:
Date: