

Ohio State Youth Conference Permission Slip

Please Print or Type

Youth Information

Name _____ Age _____ Male Female

Address _____

City _____ State _____ Zip _____

High School _____ Year of Graduation _____

Congregation _____

Youth's Medical Information

Health Insurance Carrier _____ Carrier's Ph.# _____

Identification No. _____ Group No. _____

Prescription Insurance Carrier _____ Carrier's Ph.# _____

Identification No. _____ Group No. _____

Name of Primary Care Physician _____ Physician Ph.# _____

Please list any medical conditions _____

Please list any prescribed or over the counter medication your youth is currently taking

Can we administer Tylenol®, Aleve® or any other over the counter medication to your child? Yes No

Is your youth allergic to any medication? Yes No

If yes, please list medication:

Is your youth allergic to certain food? Yes No

If yes, please list food items: _____

Parent(s) or Guardians Information

Name _____ Relationship _____

Telephone () _____ Work () _____ Cell () _____

Name _____ Relationship _____

Telephone () _____ Work () _____ Cell () _____

In the event of an accident or serious illness, I understand that every effort will be made to contact me. However, in the event that I cannot be contacted, I hereby authorize the adult, in whose care the minor has been entrusted to secure proper medical attention. Furthermore, I hereby give consent for x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment to be rendered to the minor under the supervision and on the advise of a physician or dentist licensed under the provisions of the Medical Practice Act and on the staff of a licensed hospital.

Release of Liability

By signing this Wavier Form, I expressly warrant that I am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of participating in the activities, whether such risks are known or unknown to me at this time.

I further release the Ohio State Youth Conference and its facilitators from any claim that I have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitations) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives or assigns may have against the Ohio State Youth Conference or its facilitators.

In addition, we have read the youth conference rules for the Ohio State Youth Conference.

Youth Participant Signature _____ *Date* _____

Parent or Guardian Signature _____ *Date* _____

Please return permission slip:
Glass City Church of Christ
Attn. Mikita Bush
901 Hoag Street
Toledo, OH 43607