PERMISSION SILP
SAN JACINTO BAPTIST CHURCH
DEER PARK, TX

Youth Name:_____ Date of Birth:_____

I hereby give my permission for my son / daughter to participate in the youth group activities associated with the San Jacinto Baptist Church of Deer Park. These activities may include travel outside the Deer Park and Houston area in authorized vehicles driven by members of the church, paid church staff, or other adult volunteers. I also submit the medical information below and give my permission to church representatives to seek and/or provide medical attention for my youth. I understand that it is solely my responsibility to turn in a new form if any of the following information changes. Our first aid kits are supplied with general wound dressings and topical ointments.

Please list prescription medications and doses:

_____

_____

Please put a check next to medicine that you approve to be administered to your son / daughter by church representatives:

_____ Acetaminophen_____Halls Cough Drops_____Antacid Tablets _____Antihistamine Allergy Capsules_____Pepto-Bismol® Caplets_____Naproxen Sodium_____Loperamide Hydrochloride Tablets (anti-diarrheal)_____Ibuprofen _____-Drowsy Flu Relief_____Chewable Stomach Relief_____Suphedrine (non-drowsy expectorant, decongestant)

Known Allergies: _____

Parent Name: _____
Home Address: _____
Home Phone: _____
Parent Work Phone: _____
Mobile / Pager Number:
_____
Emergency Contact (Name/Number):
_____
Doctor Name: _____
Doctor Phone Number:_____
Preferred Hospital: _____
Insurance Provider: _____
Policy Number: _____
Other: _____

Parent's Signature:_____

(Please attach a copy of the youth's insurance card to this page)