

Permission Slip and Medical Form

Fourth Friday at the Hub
Rose Hill UMC
21022 Rosehill Church Road
Tomball, Texas 77377
281-351-5356

I hereby give my permission for _____ to participate in Fourth Friday at the Hub, a monthly social event for teens and young adults with High Functioning Autism/Asperger Syndrome. I understand that reasonable plans have been made to ensure the safety and welfare of all participants. I also understand that volunteer adults and staff will be chaperoning at the events and will take reasonable actions as they deem necessary to protect the best interest of all participants. All chaperones are Safe Sanctuary trained and have passed a background check. All information that you provide will be kept confidential.

Parent/Guardian Signature: _____ Date: _____

Participant Information

Name: _____ Nickname: _____

Age: _____ Date of Birth: _____ School/Grade: _____

Employer, if applicable: _____ Position: _____

Allergies: _____

Medications: _____

Special Instructions (Likes/Dislikes/Restrictions): _____

Parent/Guardian Information

Parent/Legal Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Medical Information

Insurance Company: _____

Policy Number: _____

Primary Care Physician: _____ **Phone:** _____

In case of an emergency, please contact: _____

Relationship to participant: _____ **Phone:** _____

Consent for Emergency Medical Treatment

In the event of an emergency, I hereby give permission to Rose Hill United Methodist Church and its authorized representatives to obtain medical assistance for the above mentioned person. I also release Rose Hill United Methodist Church and its authorized representatives from any damages which may result due to accident or injury.

Parent/Guardian Signature: _____ **Date:** _____

Permission to Photograph

I hereby give permission for _____ to be photographed, which may be used for publicity for Rose Hill UMC.

Parent/Guardian Signature: _____ **Date:** _____