
Birth Date

Youth Name

**First United Methodist Church
Pflugerville, Texas
Permission Slip**

I hereby give my permission for my son/daughter to participate in the youth group activities associated with the First United Methodist Church of Pflugerville. These activities may include travel outside the Pflugerville and Austin 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. In addition to that, please put a check next to medicine that you approve to be administered to your son/daughter by church representatives:

- | | | |
|--|--|--|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Halls Cough Drops | <input type="checkbox"/> Antacid Tablets |
| <input type="checkbox"/> Antihistamine Allergy Capsules | <input type="checkbox"/> Pepto-Bismol® Caplets | <input type="checkbox"/> Naproxen Sodium |
| <input type="checkbox"/> Loperamide Hydrochloride Tablets (anti-diarrheal) | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Non-Drowsy Flu Relief |
| <input type="checkbox"/> Chewable Stomach Relief | <input type="checkbox"/> Suphedrine (non-drowsy expectorant, decongestant) | |

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: _____

Known Allergies: _____

Other: _____

YES / NO Permission granted to use photos and videos for publicity purposes.
(Circle One)

Parent Signature

Date