



## PARENT PERMISSION FORMS

Permission, Medical and Media Release Forms  
To be signed by Parent/Guardian of Participating Youth

### General Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

### Student's Medical Information

Please describe any medical concerns of which staff should be aware:			
Please describe any prescription medications taken by student:			
Please describe any allergies or dietary restrictions:			
Child's doctor:		Doctor's phone #:	
*Health Insurance Co.:		*Insurance Policy #:	

*\* Please include a copy of the front and back of the insurance copy if possible.*

If you child is uninsured please indicate here:

### Emergency Contact Information

Name of closest relative or friend to contact in an			
Emergency: _____			
Relationship to child:			
Daytime phone:		Evening phone:	

### Student's Religious Information

Student's Faith Tradition:	
Any religious rituals to be carried out during the program (list times if applicable):	
Any religious dietary requirements (including kosher or halal preparation):	
Any religious clothing requirements:	
Any additional information that we should know:	

### Media Release

I do hereby consent to and authorize the use and reproduction by IP/FBW of any and all photographic or digital images, video or audio recordings taken of my child for promotional and publicity purposes.

Signature of Parent/Guardian:	
Print Name:	
Date:	

### Medical Release

Except as noted on this form, I believe that my child can participate successfully in activities during the SLICE week. I understand that every effort will be made to contact me before authorization of emergency treatment is given, but in case of emergency, I hereby give permission to secure proper medical treatment for my child at the nearest appropriate hospital or health facility. I acknowledge that my child is covered by the health insurance indicated on this form, and I agree to assume responsibility for all medical expense not covered by insurance.

I have read the program description and give permission for my child, \_\_\_\_\_, to participate. I further agree to waive any and all claims against Interfaith Partnership/Faith Beyond Walls for any injuries to my child of any nature arising out of his/her participation in the SLICE program.

Signature of Parent/ Guardian:	
Print Name:	
Date:	