

**First Congregational Church of Tallmadge, Ohio  
Youth Permission and Medical Information Form**

**Permission for Participation**

I give permission for \_\_\_\_\_ to participate in the youth activity **Youth Fellowship at Cedar Point** with First Congregational Church of Tallmadge, Ohio, on **Sunday, October 26, 2025** (date).

In the event that contact with a parent or guardian is not reached, I hereby authorize and empower First Congregational Church youth coordinator, Anne Pertick, to take such action as, in his/her opinion, shall be necessary for the welfare of my child including but without limitation, transportation for medical/dental and/or surgical treatment; and I, the undersigned will pay or reimburse any and all costs and expenses incurred.

Dated \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Parent's / Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
street number city state zip code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**Other emergency contact** Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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**Medical Information**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Medical conditions that need to be made known: \_\_\_\_\_

\_\_\_\_\_

Any other concerns/conditions that need to be made known: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Current Medications and time of day taken:

\_\_\_\_\_

\*If this is more than an overnight stay at the church, please attach a copy of the medical card.