

**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 Polar Blast Snow Tubing** with First Congregational Church of Tallmadge, Ohio, on **Sunday, January 25, 2026** (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.