

# Shaker 6<sup>th</sup>-8<sup>th</sup> Youth Coffeehouse

## Parental Permission Form

I, \_\_\_\_\_, hereby give permission for my son/daughter (circle one), \_\_\_\_\_, age \_\_\_\_\_, to attend the "Shaker 6<sup>th</sup>-8<sup>th</sup> Grade Youth Coffeehouse" sponsored together by the Shaker Youth Center, Heights Christian, First Unitarian, Christ Episcopal, and Plymouth UCC churches.

I understand the general guidelines of behavior: that the participant must respect and adhere to the instructions of the adults in charge and that NO alcohol, tobacco products, illegal drugs or sexual misconduct will be permitted at youth group events.

In the event of accident or injury, I agree that organizations mentioned above are not liable beyond the limits of their liability coverage. Further, I grant the leaders of the event permission to authorize any emergency medical procedures should that become necessary, and to authorize treatment by a licensed physician.

SIGN: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Legal Guardian)

### PLEASE SUPPLY THIS INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Evening Telephone #: \_\_\_\_\_ Evening Telephone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Contact email: \_\_\_\_\_

If Parent/Guardian plans on being away during this time, where can they be reached?

\_\_\_\_\_

Please list any other adults approved to transport my youth to/from the event:

\_\_\_\_\_

**(OVER)**

**Other Emergency Contact:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Evening Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy or Identification #: \_\_\_\_\_

Does the teen have allergies or medical conditions: ( ) YES ( ) NO If so, please list:

---

---

---