____________________ _____________________________________

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:

- ☐ Acetaminophen
- ☐ Antihistamine Allergy Capsules
- ☐ Loperamide Hydrochloride Tablets (anti-diarrheal)
- ☐ Chewable Stomach Relief
- ☐ Halls Cough Drops
- ☐ Pepto-Bismol® Caplets
- ☐ Ibuprofen
- ☐ Suphedrine (non-drowsy expectorant, decongestant)
- ☐ Antacid Tablets
- ☐ Naproxen Sodium
- ☐ Non-Drowsy Flu Relief

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: ____

___________________________________ ______________________

Parent Signature Date