Safeguarding Children and Youth Policy Urbana First Baptist Church

Event Permission

Date and Time of Event:			
Event Contact Person:		Phone No	
Description of Event:			
Location of Event :			
Name of Child:			
Please describe any special in regard to participation in th			
Note: If over the counter, or p this event, the ministry leaded any over the counter medical must be in the original contain dosage instructions.	r will need to mainta tion to be in the orig	ain control of the med inal packaging, and	dication. We will also need prescription medications
Emergency Contact Informat Name: Name:	ion: Relationship: Relationship:	Pho	one:
I give permission for the above medications are needed, as of directed. Further, I give permisequired.	described by me ab	ove, İ give permissio	n for them to be given as
Print Name of Parent or Lega	al Guardian	Signature	Date