

**First Congregational Church of Branford
Youth Mission Program**

Permission Slip and Medical Authorization

Participant Name _____ Date of Birth _____ Age (in June 2017) _____

I give permission for my child to participate in the 2017 Youth Mission Trip sponsored by the First Congregational Church of Branford CT to Brownsville, PA from Saturday, June 17, 2016 through June 24, 2015. In the event of a medical emergency, I authorize The Reverend Theresa Borchetta or Steve Cudgma to have medical attention given.

My medical insurance carrier is _____ ID# _____

Our doctor's name and number are _____

Allergies and medical conditions you should be aware of are:

Medications currently being taken by the participant

Parent Cell Phone (mom) _____ (dad) _____

In the event we are unable to be contacted please call: _____ # _____

Over the counter medications that my child can have are : (i.e Advil, Tylenol, Pepto, Motion Sickness etc)

Please list any food allergies or requests (vegetarian etc). We will do our best to accommodate.

Date of last Tetanus Shot _____ (date must be within 5 years of trip dates)

Place insurance card here

Place photo of participant here

Signature of Parent or Guardian _____ Date _____