

# Community Mennonite Fellowship

## Youth Permission Form 2018/2019 School Year v2

### Student Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ B-day: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Parent Information

Parent/Guardian Name(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***To begin receiving CMF Youth text updates follow the instructions below. This is the primary communication form intended to replace mass emails. Please sign up.***

Parents: Text @cmfparents to 81010 to sign up.

Ignite Students (Grades 6-8) Text @igniteuth to 81010 sign up.

C4 Students (Grades 9-12) Text @c4cmf to 81010 to sign up.

(To stop receiving text updates reply to a message with @LEAVE and you will be removed from the group.)

### Health Information

Allergies: List all known allergies including those involving medication, food, insects, asthma, hay fever and other allergies. Describe reaction and management of reaction. If more space is needed attach a second sheet.

Allergy	Reaction and Management
_____	_____
_____	_____
_____	_____

Medical or Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Authorization

I, the undersigned parent/guardian, give permission for the above named to participate in church sponsored youth events during the 2018/2019 school year and adjacent summers. I give permission for the above named to be transported to and from the scheduled off-site youth events, by a driver approved by Community Mennonite Fellowship. I consent to the use of photo/video data of the above named by the CMF Youth Program. I recognize and acknowledge that youth activities can involve certain hazards including, but not limited to, illness, injury, and accidents, and release Community Mennonite Fellowship, its leaders, and volunteers from liability. I hereby certify that the information above is correct. IN CASE OF MEDICAL EMERGENCY, I consent to emergency medical treatment for my child. I understand that every effort will be made to notify me. If unable to be reached, I hereby give my permission to the chaperone(s) of the activity to make decisions necessary for treatment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

