

St. John's Senior High WinterJAM Concert Permission Form

I hereby give permission for my son/daughter, _____, to attend & participate in the St. John Senior High WinterJAM Concert at the Peoria Civic Center on Friday, January 23rd from 5:00 to 11:30 PM. I understand that this is a St. John's Church event for the High School Youth. This is an opportunity for the youth to gather together in community for a contemporary Christian music concert. We will have plenty of adult chaperones. We will be taking VANS for this event and will meet at 5:00 PM at the Church Parking Lot – the cost is \$10 for tickets that will be bought at the door of the Civic Center. Call Steve – 827-6121 w/ questions.

(Youth's Name) (parent or guardian) (date)

Address: _____ Phone #: _____ Grade: _____

Email: _____ Birthdate: _____ Church: _____

Medical Permission - I grant permission for the administration of FIRST AID to _____ by the responsible adults of the St. John's Youth Ministry Program of this trip/activity/event and those transporting my child to and from as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Signature of Parent: _____ date: _____

Child's Name: _____ Allergic to Medication: yes no What: _____

Other Allergies: _____

Insurance Information:

Policy in the Name of: _____ Insurance Company: _____

Identification Number or Social Security Number: _____

Authorized Physician of Child: _____ Phone: _____

Address: _____

Day Phone: _____ Evening Phone: _____ Emergency Phone: _____

Other Information: _____

Signature of Parent/Guardian: _____ Date: _____