



FIRST UNITARIAN CHURCH OF DES MOINES

YOUTH GROUP OVERNIGHT AND TRANSPORTATION PERMISSION FORM

YOUTH INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: ____/____/____

Youth Cell Phone Number (____) _____ Youth Email: _____

EMERGENCY INFO

Parent/Guardian Name(s): _____

Email(s): _____

Phone: home (____) _____ parent/guardian cell (____) _____
(____) _____

Alternative Emergency Contact: _____ Phone: (____) _____

Family Physician: _____

Health Insurance Provider: _____ Policy Number: _____

Allergies or Dietary Restrictions: _____

Medications: _____

Other Needs/Information: _____

PERMISSION FORM

_____ has my permission to: (Check all that apply)

_____ Spend the night at the church during youth group lock-ins

_____ Ride in the car with a Youth Group Adult Sponsor

_____ Ride in the car with licensed member of the youth group

parent/guardian signature