



**FLEETWOOD BIBLE CHURCH
BLANKET PARENTAL PERMISSION & MEDICAL
AUTHORIZATION FORM FOR 2010**

Event	Blanket Permission form for local events in 2010
Sponsor	Fleetwood Bible Church Youth Group 2847 Moselem Springs Road P.O. Box 205 Fleetwood, PA 19522-0205 610.944-9235 Brad Cell 484.663.4197
Chaperones	Brad and Julie Rapp or Wade and Wendy Kuchenbrod or Ken and Deana White or Kevin and Ericka Ernst or other FBC adults over 23 years old or parents.
Location	Local events within a 45-minute drive
Date	Blanket form to cover 2010 local events. Overnight offsite retreats or long distance activities are not covered by this form and will have their own specialized form. (Example: winter retreat or trips greater than 45 minutes away)
Transportation	Personal Vehicles (only leaders driving)

Overview

The purpose of this form is to cut down on paperwork and save time for all involved. This is not a guarantee of a spot on a trip without payment by the proper due dates.

Behavior

My child and I understand that all who attend this event shall (1) not complain, and (2) obey all rules and do everything the leaders ask during this activity, and (3) leave our accommodations better than we found them. Also, it is understood by myself and my child, that if my child is involved with any of the following items, in any form, I will be contacted by one of the Youth Group leaders and may have to retrieve or arrange transportation for my child.

- Alcohol, tobacco products and unauthorized drugs are prohibited.
- Please stay together as a group and do not go off by yourself or exit the facility without permission from a leader.
- Prescription drugs – Please NOTE: because of liability issues the leadership will not dispense any medication to your teenager. If they are not mature enough to take their **own** medications (not having a sibling dispense it) they are not mature enough for this event.

- No weapons, explosives, or fireworks.
- Flagrant disrespect toward leaders, church leadership and those in authority, or other students
- Do not bring Inappropriate magazines or other secular literature.
- Modesty must be maintained at all times. Please help your teen maintain modesty and purity (parent and teen will be notified).
- There will be no physical contact between the teens. The sex of the individual does not matter. It will be best if each teen minds his/her own space and keeps his/her hands to themselves. Exceptions would be a game requiring contact (example: three-legged race).

Please Note: The above Guidelines and rules are designed to eliminate distractions and promote safety while facilitating learning and fellowship. If you feel you and your teen have an extenuating circumstance to some of these rules please feel free to discuss the matter with me in private. Your signature on this form verifies that even though you may not agree with the guidelines and rules, you will abide by them for the duration of the retreat or activity. Your and your teen's signatures also verify that you understand that severe infractions of these rules may result in YOU having to arrange transportation for your teen from said event to you. Infractions of an illegal nature **will** initiate a response by local law enforcement.

Please Completely Fill Out And Return
Blank Permission Form For Year 2010

Authorization

While the stated leadership of this event shall take ordinary precautions for the safety of all involved, it is understood that participation is voluntary and at your own risk. My signature below certifies that my child has permission to attend this event and participate in the said events. Furthermore, I release Fleetwood Bible Church, its Board and leadership from any liability or injury resulting from the aforementioned events.

In the event that I cannot be reached, my signature below authorizes emergency medical treatment by competent medical professionals should such treatment be necessary during the aforementioned events.

Participant's/Teen's Signature (please print name and sign) _____

Parent's Signature (please print name and sign) _____

Address _____

Phone Number(s) _____

Insurance Company _____

Policy / Group Numbers _____

Please list any allergies, medical conditions or medications that may be relevant to a physician in the event of an emergency. (use extra paper if needed)