



## Big Canoe Chapel

### Permission Form for Youth Activities off Big Canoe Property

#### Student Information -

Student's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Emergency Contact Information –

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Medical / Health Profile –

***Please explain any recurrent health problems, medical restrictions, or disabilities. Include any provisions that may be necessary.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies:  YES Please List / Explain: \_\_\_\_\_

NO

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to participate in youth related activities at the Big Canoe Chapel. Should there be a reason or concern that my child is not able to participate in any activities, I will notify Youth staff immediately.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_