

Additional **Required** information to better care for your child:

Please print clearly

Son/daughter's Name: _____ T-shirt Size: (circle) S M L XL XXL

Parent/Guardian's Name: _____

Does your son/daughter have any food allergies? _____

If yes what are they and what is the reaction? _____

Does your son/daughter have any physical limitations or special needs? _____

Pick up Permission

Young people must be picked up by a designated person in front of the Religious Education Bldg (for CCD Classes) or in front of the Activity Center (for other Youth Ministry events) unless you give written permission for your child to either walk home or drive themselves home.

Please choose **one** of the following:

_____ My son/daughter, _____, has permission to walk home.

_____ My son/daughter _____, has a valid driver's license and may drive to and from events and classes.

_____ My son/daughter, _____, will be pickup from events and classes.

In addition to the emergency contacts listed on the Youth Permission/ Medical release form , my son/daughter may be released to the following individuals after an event/class.

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Additional information

Date: _____ **Signature** of parent/guardian _____