

S.A.Y. Yes!® Centers for Youth Development  
**PERMISSION SLIP**

My child, \_\_\_\_\_ has my permission to go with the  
Child's Name

above named S.A.Y. Yes!® Center for Youth Development to \_\_\_\_\_  
Activity, Event or Place  
on \_\_\_\_\_.

I hereby release, forever discharge and agree to hold harmless the above named S.A.Y. Yes!® Center for Youth Development, its directors, employees and volunteers, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during any activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify the above named S.A.Y. Yes! Center, its directors, employees or volunteers, for any liability sustained by said church as the result of the negligent, willful or intentional acts of the below named child, including expenses incurred attendant thereto.

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_  
Parent or Guardian's name Child's name

herein authorize the adult sponsor of the above named S.A.Y. Yes!® Center to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY PHONE NUMBERS** (If we are unable to reach a parent or legal guardian, we will call one of these numbers):

Name #1 (relative/friend) \_\_\_\_\_ Phone \_\_\_\_\_ Name #2 (relative/friend) \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ S.S.# \_\_\_\_\_

**MEDICAL INFORMATION**

Check if child has had the following and give details on back.

- heart trouble     epilepsy     asthma     diabetes     allergies     rheumatic fever     other

Date of last tetanus shot \_\_\_\_\_ Reaction?  YES  NO

Please list any medical conditions we should know about: \_\_\_\_\_

Is there any further information that might help us better care for your child? \_\_\_\_\_