

2021 Parental Consent Form

Cedar Heights BIC Youth Group

*By signing my consent on this form, the parent/guardian of the child that is listed on this form is agreeing to allow the child to participate in any activities for the 2021 year. The activities of the Cedar Heights BIC Youth Group include a variety of things, so also included in this permission are transportation to and from events by adult leaders at Cedar Heights BIC as well as permission to participate in the activities themselves.

Name of Youth: _____

Age: _____ Date of Birth: _____

Mailing Address: _____

Youth cell phone number: _____

Youth Email: _____

Name of Parent/Guardian: _____

Relationship to Youth: _____

Email: _____

Emergency Telephone #1: _____

Emergency Telephone #2: _____

We ask that you please provide as much information as possible on the following lines. It is never our intention or goal that an accident occur; however we want to be as prepared as possible. **In the case of an emergency, parents will be notified as soon as possible.** However, it is helpful for emergency personnel to have as much information as possible readily available. We will keep this information private and at the end the year it will be shredded appropriately to discard any contents. Questions can be referred to Scott Garman at Cedar Heights BIC (570-726-3490).

Medical Insurance Provider: _____

Policy Number: _____ Policy Holder: _____

Insurance telephone #: _____

Known Allergies: _____

Known Medicine: _____

Physical history/problems to be known: _____

Family Doctor: _____

Family Doctor telephone #: _____

Parent signature _____