



A place for friends, fun & faith.

165 E. Main Street, Wardensville, WV

BigBlueWV.org

Parent/Guardian Permission Form

Date: _____

Teen Name: _____

Date of birth: _____ **Current Grade:** _____ **Teen Cell: (Optional)** _____

Address: _____

Please describe any accommodations the child may require: _____

During Big Blue programs, I (we) can be reached at:

Guardian/Parent Name: _____

Address: _____ Telephone Number: _____

In Case of Emergency If I (we) cannot be reached in the event of an emergency, the following person is authorized to act on my (our) behalf:

Name: _____

Address: _____ Telephone Number: _____

Relationship to participant _____

Medical Care and Insurance Information

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Medical Facility: _____

Address: _____

Insurance Company: _____

Policy #: _____ Policy Holder: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Any allergies or medical conditions we should be aware of ? _____

SIGNATURE REQUIRED

My child, has my permission to participate in Big Blue Activities. I further give permission for my child to be transported to and from events by volunteer drivers authorized by Big Blue Wardensville, Inc. I understand some events, as promoted, require transporting my child across the state line. If no emergency contacts can be reached, the leader of the event has my permission to act on my behalf to seek medical assistance for my child in the event of an emergency.

Parent or guardian's signature: _____ Date: _____