



Friends of Appalachia, Inc.

www.friendsofappalachia.org

Permission and Medical Form – Youth Participants

Participant Name _____	Email address _____
Street Address _____	City, State, Zip _____
Home Phone (____) _____	Cell Phone (____) _____
Date of Birth _____	School _____ Grade _____
Parent/guardian name _____	Parent Email address _____
Parent Home Phone (____) _____	Parent Cell Phone (____) _____
Parent/guardian name _____	Parent Email address _____
Parent Home Phone (____) _____	Parent Cell Phone (____) _____

* In case of emergency, notify:

Name _____	Relationship _____
Street Address _____	City, State, Zip _____
Home Phone (____) _____	Cell Phone (____) _____

*** We will always call parents first, but having an alternate contact person is beneficial.**

Medical Information

If you take medication (prescribed or over the counter), please list all the medications taken and the condition:

Please explain any restrictions of activities for medical reasons: _____

Medication allergies: _____

Food allergies: _____

Other allergies: _____

Phobias: _____

Permission Form

- The person herein described has permission to take part in all published activities related to Friends of Appalachia, Inc. (FOA)
- The person herein described has permission to use power equipment with adult supervision.
- The Participant and the Guardian grant and convey to FOA all right, title, and interest any and all photographic images and video or audio recordings made by FOA during the Participant's involvement with Friends of Appalachia, Inc.
- In the event I cannot be reached for an emergency, I hereby give permission to the adult leader to seek medical treatment from a doctor and/or medical facility for my child.

Parent/guardian signature _____ Date _____

PLEASE ATTACH A COPY OF YOUR INSURANCE & PRESCRIPTION CARD(S) TO THIS FORM