

**ORANGE CONGREGATIONAL CHURCH
UNITED CHURCH OF CHRIST**

**PILGRIM FELLOWSHIP
2022-2023**

We are asking you to sign this general form which covers all gatherings at the church and any travel on behalf of our church ministries during the Academic Year 2022-2023.

*We are an
Open & Affirming
congregation.*

*No matter who you are
or where you are
on life's journey,
you are welcome here!*

Please print legibly!

CONTACT INFORMATION

◆ Youth's Name: _____
My Youth Prefers to be Called: _____
My Youth's Preferred Pronoun (she/he/they): _____
Youth's Address: _____
Youth's Cell Phone: _____ (if it's ok for PF Adults to text/call)
Youths' Email: _____ (if it's ok for PF Adults to email)
Birth Date (mm/dd): _____ Grade & School: _____

◆ Name of 1st Parent/Guardian: _____
Address: _____
Cell: _____ Home: _____ Other: _____
E-Mail Address: _____

◆ Name of 2nd Parent/Guardian: _____
Address: _____
Cell: _____ Home: _____ Other: _____
E-Mail Address: _____

◆ Who is the Emergency Contact? Name: _____ Phone: _____

◆ Please check one:

I do _____ ...

give permission for my youth's picture be posted on the internet (OCC website & Facebook).

I do not _____ ...

(PLEASE TURN OVER FOR **HEALTH INFORMATION** AND PARENT/GUARDIAN SIGNATURES)

HEALTH INFORMATION

This information will only be used to communicate with medical personnel if needed.

◆ Please list any **allergies** (food, bees, medications, etc.).

◆ Please list any health or health history concerns that may help us better care for your child (ADHD, injuries, PPD spectrum, history of abuse/neglect, etc.).

◆ Please list any **restrictions** of any sort that would be important for us to know.

◆ Please list any **medications** your child is currently taking.

MEDICATION	DOSAGE	SCHEDULE	REASON
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

◆ **PERMISSION TO ATTEND/TREAT** – Must be signed by parent or guardian.

I hereby give my permission for my child to be an active participant in the Youth Group program with Orange Congregational Church. I understand that my child is young and active. I realize that any injury to my child on any trip or during transportation to or from the church is not the responsibility of the Orange Congregational Church, its ministers, staff, PF Adults, and/or the drivers of the transportation vehicles.

I GIVE MY FULL PERMISSION FOR WHATEVER MEDICAL TREATMENT MAY BE DEEMED NECESSARY BY A LICENSED MEDICAL PROFESSIONAL IN AN EMERGENCY.

◆ Parent/Guardian(s) Signature: _____ Date: _____

- ◆ ◆ Please return to Victoria Ramsey, Director of Faith Formation.
- Return it during in-person worship.
- Scan & email it to OCCFaithFormation@gmail.com
- Or mail it to: Victoria Ramsey; 205 Meetinghouse Lane; Orange, CT 06477