



### **Northside Fellowship**

6841 FreeMan Road, Westerville OH 43082 • 614/890-8985

Email: [Northside@NorthsideFellowship.org](mailto:Northside@NorthsideFellowship.org)

Jeff Dybdahl, Pastor • Rick Negley, Pastor of Berlin Church • Jeff Blackburn, Youth Pastor

Jill Kindall, Director of Children's Ministry • Emily Hughes, Caring Minister

Sunday Morning Celebrations 10:30AM / Sunday Night Celebrations 6:00PM

Dear Parent or Guardian,

The Northside Youth Ministry, Thirsty Uth Ministries, has several 2008-09 events planned for both Sr. High and Middle School youth groups. We realize that for some, filling out an almost identical permission slip for each event can be inconvenient. Therefore there are two permission slip and medical release options:

1. A year-long Permission Slip and Medical Release Form:  
The enclosed form(s) is designed to cover the school year and summer for all 2008-09 events. A form is needed for each student in the family.
2. Event specific permission and medical release form:  
If a student does not have a year-long release on file, and event specific release form will be made available to them.

Completed year-long Permission slip and Medical Release form can be returned to Kristi Simpson's mailbox or by mail. Please return promptly. If you have any questions, please feel free to call us at the church office, 614.890.8985.

Thank you!

Kristi Simpson  
Youth Assistant

**Thirsty Uth Ministries**  
**Permission & Medical Release Form**  
**October 1, 2008-August 31, 2009**

The undersigned parents(s) or legal guardian(s) of \_\_\_\_\_  
Give Permission for this minor to attend Northside Youth events. I (we) release Northside Fellowship Church and its agents from any liability for any accident, injury, or loss of property of my (our) child.

I (we) also give permission for above named minor to receive any emergency treatment (medical or surgical) and I (we) will assume responsibility for any such medical expenses incurred. I (we) also give permission for the above named minor to receive basic medication or first aid from the adults on the trip.

**Medical Information**

Parent's Name(s) \_\_\_\_\_

Emergency Contact:  
Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Information:  
Name \_\_\_\_\_  
Group # \_\_\_\_\_  
Phone \_\_\_\_\_

Personal Information/allergies/health concerns we may need to know of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s) or Guardian  
X \_\_\_\_\_