

David's UCC Permission Slip

Name _____ Emergency phone(s) _____

The undersigned does hereby give permission for our (my) child, to attend and participate in event:

Located: _____ Date: _____

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by David's United Church of Christ. Further, participant agrees to abide by the covenant (rules for safety) including not engaging in any unhealthy behaviors such drug or alcohol use or sexual behavior.

Signature: _____ Date: _____

Please fill out the media release form on the back.

This portion will be kept on file and can be filled out annually or when information changes.

Name _____ Birth Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Hospital Insurance Yes No Insurance Company _____

Policy Number _____

Parent/Guardian Signature _____ Date _____

Emergency Phone Number _____

On the reverse side of this page, please list any allergies or special medical problems your child may have. Also, please let the leaders know of any medications your child is currently taking. Thank you.