

MACHIAS YOUTH MINISTRIES

ACTIVITIES: PERMISSION/RELEASE FORM

I hereby give permission for _____
to attend the _____
(date) _____

In the event of a medical emergency where, because of time or location the parent cannot be reached, the parents signature below gives the activities supervisor permission to consult an available physician and the physician permission to treat the child as needed. The parent will assume full financial responsibility for the treatment. The parent's insurance is the primary provider. As parents you need to check with your insurance provider to make sure your child will be covered.

The following special health problems should be noted: (for example; unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.) _____

IMPORTANT: Note any allergies to medications: _____

As parent or guardian of the above-named child, I agree to hold the church harmless from any liabilities that may occur from the above-named minor in connection with the above-named excursion except as might arise because of negligence on the part of the church or its representatives.

Parents Home Phone _____ Cell Phone _____
Emergency Phone No. _____ Date _____

(Parent/Guardian Signature)