

Salem UCC Permission/Medical Release Form

_____ has my permission to attend

Event: Confirmation event at Lakeland University

When: Sept 27 6:15-9pm

Deadline for participating: Sept 6

While I understand that every reasonable precaution will be taken, in the event of an emergency I authorize any of the staff, employees, agents and representatives of Salem United Church of Christ to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, and performance of operations, diagnostic and other procedures. I hold Salem UCC, Salem UCC staff members, and adult chaperones harmless for injuries or accidents incurred during this activity and/or transportation to and from this activity, and I understand and agree that I am responsible financially for any such medical care.

I understand that every attempt will be made to contact me in case of an emergency.

HOME PHONE: _____

CELL PHONE: _____

If I cannot be reached, contact:

Name: _____

Relationship: _____

Phone Number: _____

Does your son/daughter have any medical/health conditions (allergies, etc....) that a chaperone should be aware of?

_____ I CAN help by being a chaperone

_____ I can drive if needed

I understand that upon my request to the Director of Youth Ministries I will be informed as to which adults will be chaperoning/driving my child.

Signature of Parent/Guardian

Date

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