

St Peter's UCC Permission/Medical Release Form

_____ has my permission to attend the following named activity _____ scheduled to occur during the following date(s)_____.

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 St Peter's 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. As outlined in the medical and liability release form that I have signed and returned to the St Peter's United Church of Christ that is valid beginning the date that I have signed this form and expiring 1 calendar year from that date.

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?

Signature of Parent/Guardian

Date

_____ I am available to drive/chaperone if needed

_____ I am not available to drive/chaperone at this time