

Date: \_\_\_\_\_

## **LRUCC PF Permission Form – 2010- 2011**

I give permission for my child, \_\_\_\_\_, to attend PF activities sponsored by the Little River United Church of Christ during the 2010- 2011 program year.

I understand recreational, social, spiritual, and service activities will be conducted at a variety of locations that include Little River United Church of Christ, commercial sites, parks, and private homes. I further understand that participation in these activities involves travel. I give permission for my child to travel to and from PF activities.

In case of an emergency I understand that every reasonable effort will be made to contact me. However, if I cannot be reached, I give permission for any physician, nurse, paramedic, and/or medical facility to treat my child with any established or approved medical/surgical procedure necessary to ensure his/her health and safety. This may include hospitalization, anesthesia, surgery, or injections of medications. I agree to hold harmless all medical personnel, including those rendering first aid, in this event.

Parent/Guardian Signature:		Address:
Parent/Guardian Printed Name: _____		Phone:
Parent/Guardian Email:		Cell/Alternate ph.#:
Extra contact person/Relationship:		Phone:
		Cell/Alternate ph.#:
Doctor/Medical Practice:		Phone:
Health Insurance Co.	Group Number:	Policy Number:
Child's date of birth: My child is allergic to:		
My child is taking medication. Type:		
Instructions:		
My child has the following medical condition which limits their activity:		