

**St. Paul's UCC, Amityville**  
**Permission/Medical Release Form**  
**Effective 9/1/2009 – 8/31/2010**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

In case of Emergency contact \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Second contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
(relationship)

Third contact \_\_\_\_\_ Phone # \_\_\_\_\_

I give permission for my above named child to join the Youth Group of St. Paul's UCC of Amityville on any trip or event. I understand that the group may be traveling by car/bus.  
I hereby release St. Paul's UCC of Amityville, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during any activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies (food/drug/insect bites)

Medicines (all medications **must** be given to an advisor for dispensing)

Physical handicaps or limitations \_\_\_\_\_

Anything else we should know (fear of thunderstorms, the dark, crowds, bugs, heat sensitivity, etc.)

Medical insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Holder's name \_\_\_\_\_

Relationship to youth \_\_\_\_\_

**If any of the above information changes during the year, it is your responsibility to inform St. Paul's.**