

Congregational Church of New Fairfield
Permission Form/Medical Release Form
2005 – 2006

I give _____ my permission to participate in the Youth Ministry activities of the Congregational Church of New Fairfield.

I understand that the church will not be responsible for and does not provide insurance for accidents or injuries.

CONSENT FOR EMERGENCY AID AND MEDICAL TREATMENT

I hereby give consent for _____ to receive medical treatment that may be deemed advisable in the event of accident or illness during Youth Ministry events.

Parent or Guardian Name _____ Date _____

Parent or Guardian's Signature _____

Phone: _____ Address: _____

Cell # _____

Emergency Contact & Telephone: _____

Name of Medical Insurance Carrier: _____

Policy # _____ Group # _____ DOB _____

Known allergies, injuries, comments etc. _____

Personal Physician: _____ Phone: _____

Dentist: _____ Phone: _____