



Home Telephone Number

Participant

Date of Birth

Address City State Zip Code

To whom it may concern:

I give permission for my child/youth to participate in the activity listed above and authorize the adult leaders supervising this activity to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical and dental care. This authorization shall cover activities and travel with Pendleton United Methodist Church groups between January 1, 2016 and December 31, 2016.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reason or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Pendleton United Methodist Church.

Does the participant have any of the following:

- Special diet Allergies Medication Chronic/Recurring illness Physical conditions that limit activity Surgery or a serious illness in the past year

If yes, explain below. Use back if more space is needed.

List any medication the participant takes:

Medical Insurance yes no

Insurance Company

Policy Number

Emergency Phone Numbers

Parent or Legal Guardian Printed name

Parent or Legal Guardian Signature

Date