

First Congregational United Church of Christ  
724 E. South River Street  
Appleton, Wisconsin 54915  
Phone: (920) 733-7393

## **PERMISSION FORM**

\_\_\_\_\_ has my permission to attend the  
NAME OF STUDENT

**EMERGENCY SHELTER SERVICE PROJECT** on **Sunday mornings, October 2007 to**  
**May 2008, from 7:45 to 9:45 a.m.**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff, volunteer chaperones, or adults who are 18 years of age or older, of any liability against personal losses of named student.

I, the undersigned, have legal custody of the student named above, a minor, and have given my consent for him/her to attend events being organized by the First Congregational United Church of Christ. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the First Congregational United Church of Christ, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the First Congregational United Church of Christ, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided below is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I agree to send my youth to this event only if he/she is in good physical condition. I also agree to bring my child home at my own expense should he/she become ill or if deemed necessary by the youth ministries staff member.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Number where I can be reached during this time: \_\_\_\_\_

### **EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

#### **ALLERGIES:** (check those that apply & specify nature of allergic reaction)

\_\_\_\_ Medications \_\_\_\_\_  
\_\_\_\_ Insects/Animals \_\_\_\_\_  
\_\_\_\_ Foods \_\_\_\_\_  
\_\_\_\_ Plants/Environment \_\_\_\_\_  
\_\_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_