



FIRST CONGREGATIONAL CHURCH OF BRAINTREE Middle School Youth Group

PERMISSION FORM/MEDICAL RELEASE

I/we give permission for the individual named below to attend the following activity and to be driven in a car/van to and from this event by a licensed adult (at least 25 years of age). I/we understand that there are inherent risks involved in any such activity, and I/we hereby release First Congregational Church of Braintree, its staff and volunteer workers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement in said activity.

Activity: _____ Date: _____ Location: _____

My/our signature also gives permission to the adult leaders/chaperones to act on my/our behalf to secure full emergency medical treatment should they not be able to reach me/us at one of the numbers provided below. I/we understand that any and all medical expenses incurred are my/our responsibility and that there is not medical insurance coverage provided by First Congregational Church of Braintree

Activity Participant Name _____ Date of Birth _____

Parent/guardian contact numbers:

Name _____ Phone # _____ Cell # _____

Name _____ Phone # _____ Cell # _____

Email address (please check frequently) _____

Insurance Company _____ Policy Number _____

Name of primary insured _____

Name of Physician _____ Phone Number _____

Allergies/Conditions _____

Current Medications _____

I/we grant permission with confidence that our son/daughter will cooperate with the ground rules for appropriate behavior.

Signature

Print Name

Date