

## FIRST CONGREGATIONAL CHURCH OF BRAINTREE 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. 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 per full emergency medical treatmon below. I/we understand that a there is not medical insurance	ent should they not be alony and all medical expe	ole to reach me/us at or enses incurred are my/	ne of the numbers provided our responsibility and that	
Activity Participant Name				
Parent/guardian contact numb	ers:			
Name		Phone #		
Name		Phone #		
Email address (please check fre	equently)			
	☐ Add to You	uth Group Email list		
Medical Information:				
Insurance Company	Pol	icy Number		
Name of primary insured				
Name of Physician		Phone Number		
Allergies/Conditions				
Current Medications				
I/we grant permission with con appropriate behavior.	nfidence that our child/y	outh will cooperate wit	th the ground rules for	
Signature	Print Na	 me	 Date	