

Activity Permission for Children and Youth, 2007-08

This permission form authorizes my child to participate in all RE, Spring B, or Youth Group activities that are off church property from September 7, 2007 – September 14, 2008. There will be a shortened permission slip that will also be required for each specific event.

My son/daughter _____ has my permission to participate in activities under Cedar Lane Unitarian Universalist Church (CLUUC) supervision, with the understanding that CLUUC will assure that the each activity is properly supervised. I hereby relieve CLUUC, the leadership thereof, and the persons conducting this activity of any liability in connection with my son/daughter’s participation in this activity.

In the event of an accident, I understand that an attempt will be made to contact me at _____ (work, home and cell phones). In case I cannot be reached, I have arranged for _____ (name and phone of relative or friend) to be an “emergency contact”. If the emergency contact or I cannot be reached in time, I hereby authorize the administration of emergency medical aid to my son/daughter. In emergencies requiring immediate medical attention, my child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. My signature authorizes the responsible person from Cedar Lane Unitarian Universalist Church conducting this activity to have my child transported to that hospital. I agree to accept financial responsibility for any and all emergency medical care so provided. I also authorize the CLUUC trip supervisors to administer to my son/daughter the medications, if any, listed below on this form.

Child/Youth’s Physician: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Please note any allergies generally or to medicine, special medication, physical needs, or other medical problems. Also listed are medications that should be administered to my son/daughter (use back of form if needed):

I have read the Safety Guidelines for Children and Youth and understand the rules and the consequences of infractions.
(Additional copies are available in the R.E. office.)

Signature of Parent/Guardian: _____ Date: _____

Signature of Child/Youth: _____ Date: _____

Insurance Carrier: _____ **Policy No.:** _____ **Group No:** _____

Name of Policy Holder: _____

Should any information provided in this Activity Permission change during the period of authorization, I will notify CLUUC and submit a revised form with updated information.

Signature of Parent/Guardian: _____ Date: _____

Please complete this section if you are willing to drive.

Do you have a valid driver’s license? Yes _____ No _____

Do you have auto insurance? Yes _____ No _____

Are you at least 25 years of age:

Driver’s License Number: _____ State Issued: _____ Expiration Date: _____