

Elementary PARENT PERMISSION - RELEASE FORM

Childs NAME _____
Address _____
Zip _____ BIRTHDAY ____/____/____ GRADE _____
(as of Fall '09)
Dates of Activities: May 2009-May2010

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR:

We, the parents of _____, give our permission for him/her to participate in Granada Heights Friends Church Activities. We give our complete consent for any medical attention or hospital care which our child may need while participating in any church event.

IN CASE OF EMERGENCY:

Mother _____ Home () _____
Signature _____ Work () _____
Father _____ Home () _____
Signature _____ Work () _____
Legal Guardian _____

Other Emergency Contact _____

MEDICAL INFORMATION:

Insurance Co. and Number _____
Insured Name _____
Insured Soc. Sec. # _____
Last Tetanus Immunization _____
Medication / Allergies _____

Granada Heights Friends Church
11818 La Mirada Blvd., La Mirada, CA. 90638 Phone: (562) 943-7255

Registering for: _____
VBS 6/23-26, 28 (team buddy request: _____)
WOW Wednesdays: _____
Other: _____

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