

Petaluma Hillside Church Youth Group
Permission Form/Medical Release

My son/daughter _____ has my permission to participate in outings with the Petaluma Hillside Church Youth Group. He/She is in good physical condition and has not had any serious illness or operations since his/her last health examination. Permission for my child to participate in various church events covers the dates of _____ through _____ .

Child's Name: _____ Birthdate: _____

Parent's/Guardian's name(s): _____

Address: _____

Phone: _____ (home) _____ (work)

_____ (cell) _____ (other)

I understand that, in the event medical treatment is required, every effort will be made to contact me. If I cannot be reached, however, I give my permission to the sponsors of Hillside Church to secure the services of a licensed physician to provide the care necessary (including anesthesia) for my child's well being.

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf.

Name: _____ Relation to participant _____

Phone: _____

Insurance provider: _____ policy number _____

Physician: _____

Please list any medical allergies, medications being taken, medical problems or other pertinent information:

Parent signature

Date