

Cherry Grove Medical Release / Activity Permission Form

Date: _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parents' Names: _____

Phone: _____ Cell #: _____

Date of Last Tetanus Immunization: _____ Allergies: _____

Current Medications: _____

Instructions on Usage (when, dosage): _____

Emergency Contact: _____ Phone: _____

FOR PARENT OR GUARDIAN:

We, the parent/guardian of _____, give our permission for him/her to participate in the Youth Program at Cherry Grove friends Church. We give our complete consent for any medical attention or hospital care which our child may need while participating in this program.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is give to provide authority and power on the part of Cherry Grove Friends Church to give specific consent to any and all diagnosis, treatment or hospital care which is advisable.

We also release Cherry Grove of any liability in the case of injury or illness during any Cherry Grove youth activity.

Insurance Company: _____ ID #: _____

Name of Insured: _____

Signature of Parent/Guardian: _____ Date: _____

Day Phone: _____ Cell #: _____