

PARENT AUTHORIZATION AND RELEASE FOR CHURCH-SPONSORED ACTIVITY

Dear Parent/Guardian:

The following permission slip and release MUST be signed and returned with your child in order that he or she will be allowed to participate in this NCC church/school-sponsored activity.

EVENT and type of activity(ies): _____

DESTINATION: _____

DATE (S) OF ACTIVITY: _____

I hereby give permission for my child to attend the above-described NCC church/school activity. As the child's parent or guardian, I give the activity supervisors permission to authorize emergency medical treatment for my child if necessary, and incorporate by reference the Church/School Activity Release of Liability and Assumption of Risk on file with the church/school.

Signature of Parent or Guardian

Date

Telephone Number in Case of Emergency

Please Complete the Medical Information on the Reverse

Medical Information

My child has the following medical condition(s) that may impact his or her participation in this church/school-sponsored activity:

My child may require the following medication that I will provide to an adult supervisor on the outing with instructions on its use: _____

Alternate person to contact in case of emergency: _____

Phone Number

Special Instructions: _____

Primary Physician: _____
Name Address Phone

Health Insurance Plan: _____

Health Policy Number: _____