The First Congregational Church of Ann Arbor

PERMISSION FORM

FALL RETREAT
Wildwood Ranch, 4909 Brophy Road, Howell, MI 48855

I hereby give permission for my child, _____
to participate in the Senior High Youth Group retreat, November 12–November 13, 2016.

I assume the entire responsibility and liability for losses, expenses, damages, demands, and claims based on any injury to persons or damage or alleged damage to property sustained or alleged to have been sustained in connection with this event sponsored by The First Congregational Church of Ann Arbor its agents, servants, and employees from any and all such losses, expenses, damages, demands, and claims.

I authorize the adult supervisor(s) to act on my behalf if an accident, injury, or illness when medical or surgical care is needed, provided such individual(s) make diligent efforts to first notify me of the situation and obtain my preferences and consent (of such time allows.) If such efforts to get in touch with me are unsuccessful, I authorize the supervisor(s) to take action as necessary and give consent on my behalf as his/her judgment dictates.

GENERAL INFORMATION

Name: _____

Home Address: _____

Date of Birth: _____ Gender: _____ (M/F)

School: _____ Grade: _____

Parent/Guardian Name: _____

Landline: _____ Cell: _____

If not available in an emergency, notify:

Name: _____ Relationship: _____

Cell: _____

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MEDICAL CONSENT FORM

Your signature will also authorize the adult advisors to act on behalf of your child in case of an accident, injury, or illness when medical of surgical care is needed, provide such above individual(s) makes diligent efforts to notify you of the situation to obtain your preferences and consent. If such efforts are unsuccessful, you have authorized the advisors to take such action and give consent on behalf as his/her judgment dictates.

If the below-named physician(s) is not available, I authorize an adult advisor to select a physician to provide treatment.

Physician (Name and telephone number)

_____

Health Insurance Carrier:

_____

Policy Number:

_____

Health Info (Allergies, medications, etc.) If NONE, please state "NONE"

_____

Medications being taken:

_____

SIGNATURE OF PARENT/GUARDIAN:

_____ Date: _____