

United permission form

**A parent or legal guardian should complete this form, complete one form per child.**

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Emergency Contact Information:**

Person authorized to pick up your child from church/event: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Consent for Transportation**

I hereby give my permission for the child listed above to ride the bus or personal vehicle. I understand that my child will be under adult supervision at all times. I further understand that in signing this permission slip, I release and hold harmless South County Church and New Life Church, its trustees, officers, employees and any volunteers from liability, past or future, full and completely.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for Medical Care**

I, the parent/legal guardian of the child whose name is listed above, a minor, do hereby authorize the person presenting this form to call a physician and to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed to be advisable for my child. It is understood that a conscientious effort must be made to notify me before any such action is taken. It is further understood that I release the person presenting this form all liabilities connected with the transportation, diagnosis, treatment, hospital care and expenses necessary for the treatment of my child.

This authorization is given pursuant to the provision of section 25.8 of the civil cod of the State of California.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information in the Event of an Emergency**

Physician or Group Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Emergency Hospital: \_\_\_\_\_

Known Allergies: \_\_\_\_\_