

# Activity Permission for Children and Youth, 2008-2009

**This permission form authorizes my child to participate in all R.E., Spring B, or Youth Group activities that are off church property from September 14, 2008 – September 14, 2009. There will be a shortened permission slip that will also be required for each specific event.**

**My son/daughter** \_\_\_\_\_ has my permission to participate in activities under Cedar Lane Unitarian Universalist Church (CLUUC) supervision, with the understanding that CLUUC will assure that the each activity is properly supervised. I hereby relieve CLUUC, the leadership thereof, and the persons conducting this activity of any liability in connection with my son/daughter’s participation in this activity.

**In the event of an accident**, I understand that an attempt will be made to contact me at \_\_\_\_\_ (work, home and cell phones). In case I cannot be reached, I have arranged for \_\_\_\_\_ (name and phone of relative or friend) to be an “emergency contact”. If the emergency contact or I cannot be reached in time, I hereby authorize the administration of emergency medical aid to my son/daughter. In emergencies requiring immediate medical attention, my child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. My signature authorizes the responsible person from Cedar Lane Unitarian Universalist Church conducting this activity to have my child transported to that hospital. I agree to accept financial responsibility for any and all emergency medical care so provided. I also authorize the CLUUC trip supervisors to administer to my son/daughter the medications, if any, listed below on this form.

Child/Youth’s Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Please note any allergies** generally or to medicine, special medication, physical needs, or other medical problems. Also listed are medications that should be administered to my son/daughter (use back of form if needed):

**I have read the Safety Guidelines for Children and Youth** and understand the rules and the consequences of infractions. (Additional copies are available in the R.E. office.)

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

Signature of Child/Youth: \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy No.:** \_\_\_\_\_ **Group No:** \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

**Should any information provided in this Activity Permission change** during the period of authorization, I will notify CLUUC and submit a revised form with updated information.

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

**Please complete this section if you are willing to drive.**

Do you have a valid driver’s license? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have auto insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least 25 years of age:

Driver’s License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_