

Dalraida Youth Group

PERMISSION FORM AND MEDICAL AUTHORIZATION

_____ has my permission to attend all Dalraida church of Christ sponsored activities promoted by Will Tucker, Youth Minister, or other members of the Dalraida church of Christ. I understand that travel is sometimes necessary, and I will assume full responsibility for my child's behavior. I understand that my child is expected to abide by all rules and regulations that have been set forth by Will Tucker and/or the chaperones from the Dalraida church of Christ for the activity or event they are attending. Any violation of these rules or regulations by my attending child will result in a parent phone call and, if deemed necessary by Will Tucker and/or the chaperones, immediate parent pick up of their child from the site of the activity or event attending.

Parent/Guardian Signature

Student's Signature

I/We hereby appoint Will Tucker and/or Dalraida church member chaperone as my/our representative (s) with full authority in my/our absence to do the following:

Authorize and consent to any and all medical, dental, and hospital care and treatment, including major surgery, deemed necessary by a physician selected by my/our representative(s) for the health and well being of my/our child named herein.

Allergic to any medications? Yes No (check one). If yes, please list any/all medicines: _____

My/Our child is covered by the following medical insurance policy:

Name of Company: _____

Policy Number: _____

Expiration Date: _____

Billing Address: _____

I/We certify that I/we am/are lawful parent(s) or guardian(s) of the above-named child and that I/we have the legal right to execute this authorization.

Mother's/Female Guardian's Signature

Date

Home Address: _____

Emergency Contact Number(s): _____

Social Security Number: _____

