

UUCA Event Permission and Transportation Form

I, _____ as the parent or guardian of

(child's name) _____

give my permission for above named child to participate in the

(activity) _____

(location) _____

(date) _____

I authorize the attending adults to transport my child for this event, administer any emergency medical treatment deemed necessary and/or transport my child to a licensed medical facility for treatment by qualified medical personnel.

I agree to hold harmless the members, staff, officers and volunteers of the Unitarian Universalist Church of Akron for any damage or injury to my child as a consequence of my child's participation in this event.

During this event I, or my designee listed below, can be contacted at the following numbers:

Parent or designated adult for this event _____

Phone (primary contact) _____

Phone (secondary contact) _____

Medical Insurance Company _____

Policy # _____

Group # _____

Subscriber name _____

Parent/Guardian

Signature _____