

YOUTH PERMISSION SLIP and MEDICAL TREATMENT RELEASE FORM: 2010

Congregational Church of San Mateo, United Church of Christ
Church Office (650) 343-3694, Fax (650) 343-6436

This document gives permission for my child to leave the church premises to participate in activities planned through the Senior High Fellowship. Unless previously arranged by me, I understand that he/she will be driven by a responsible adult of at least 25 years of age.

Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize the supervising adult for the Congregational Church of San Mateo Senior High Youth program to authorize emergency medical or dental care for my child _____ (name) in the event of injury or illness. I understand and agree that I am financially responsible for any care so procured.

(This form will remain effective for one year from date signed unless otherwise notified by parent or guardian.)

Physician _____
(name and phone number)

Dentist _____
(name and phone number)

Name & No. of Medical Insurance Policy _____

Name & No. of Dental Insurance Policy _____

Parent's home phone # _____

Parent's emergency # _____

Last Tetanus Shot _____ Drug or Medical Alert? _____

Allergies: _____

How are allergic reactions handled at home _____

History of: Convulsions _____ Asthma _____ Headaches _____ Other _____

Medications and Special Instructions:

Medications will be administered by leaders only in their original containers labeled by pharmacy with youth's name.

Signature: _____ Date: _____
(Parent or Guardian)

It is understood that every effort will be made to contact the parent or guardian of the child before treatment is given.