

Congregational Church of Hollis, UCC
PERMISSION FORM

_____ has my permission to attend in-church and off-site youth activities during the current program year _____ under the supervision and direction of _____.

I, _____ also give permission for an authorized group chaperone to make decisions for emergency medical care in my absence for the well-being and care of my child.

Special medical considerations (e.g., medication/food allergies or other conditions):

Signature of Parent _____

Date _____

Address _____

Health Care Plan _____

Policy No. _____

Home Phone _____

Cell Phone _____

Emergency Contact _____

Emergency Phone _____