

**Congregational Church of New Fairfield, UCC
Compassionate Kids, Middle School & Senior High Youth
Permission Form/Medical Release Form**

I give my child, _____, permission to participate in Youth Group activities of the Congregational Church of New Fairfield. I understand that the church will not be responsible for and does not cover participants with insurance for accidents or injuries.

CONSENT FOR EMERGENCY AID AND MEDICAL TREATMENT

I hereby give consent for my child, _____, to receive medical treatment that may be deemed advisable in the event of accident or illness during youth group events.

Emergency Contact Numbers: _____

Parent's Signature: _____

Date: _____

Phone: _____ Address: _____

Cell Phone: _____

Name of Medical Insurance Carrier:

Policy #: _____ Group #: _____

Medical Insurance Phone Number: _____

Known allergies, injuries, etc.: _____

Personal Physician: _____ **Phone:** _____

Personal Dentist: _____ **Phone:** _____