

***Heidelberg Union Church
Youth Event Permission Form***

EVENT NAME: _____

EVENT DATE(s) _____

YOUTH'S NAME: _____

PHONE: _____

ADDRESS: _____

GRADE: _____

Medical Guidelines and Agreement

I give my permission for the church personnel and its designees to administer any necessary emergency medical care. I understand that the church personnel and its designees will make every effort to contact me in the event of an emergency.

PHONE NUMBER(S) FOR AN EMERGENCY: _____

Parental/Guardian Permission Statement

My signature indicates that I give my permission for my son/daughter to attend the above named event of the Heidelberg Union Church. I agree to the above medical guidelines.

I hereby absolve the Heidelberg Union Church, a nonprofit organization, and each of its staff or volunteers, whether salaried or unpaid, from civil liability for any act or omission resulting in damage or injury to a minor child of mine (i.e. transportation to and from) unless such damage or injury was caused by the willful or wanton neglect or misconduct of such staff member or volunteer.

PARENT/GUARDIAN

SIGNATURE: _____ **DATE:** _____