

# SBCC Activity Permission Form

**Activity:** \_\_\_\_\_

**Date of Activity:** \_\_\_\_\_

**Youth's Name:** \_\_\_\_\_

**Emergency Contact number(s):** \_\_\_\_\_

\_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any other information (medications, physical limitations, etc.) you wish for us to know about this child:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Permission and Medical Release**

The above named youth has my permission to participate in this activity.

\_\_\_\_\_

Parent/Guardian

I understand that I will be notified if my child requires medical attention while participating in this activity. However, in the event that my child is injured or becomes ill and I cannot be reached, I authorize the adult chaperone(s) in charge of this activity to make emergency medical decisions on my behalf and to secure medical services or hospitalization if deemed necessary.

I understand that neither the adult chaperones nor Suttons Bay Congregational Church will be responsible for any medical expenses incurred.

\_\_\_\_\_

Parent/Guardian