

ST. PAUL'S, FREEBURG
PARENTAL PERMISSION AUTHORIZATION FORM

Event Name: Marcoot Jersey Creamery Tour Place: Marcoot Creamery, Greenville, IL
Date: June 24, 2022

Participant Name: _____ **Birth date:** _____

I give permission for my child to attend the St. Paul's UCC, Freeburg, event listed above.

Medical Release

I hereby request and authorize the leaders of the Vacation Bible School of St. Paul's UCC of Freeburg, Illinois, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize the Director of the Vacation Bible School or a designated adult representative of St. Paul's UCC, Freeburg, to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

I further give permission for my child to participate in all supervised activities except as noted:

Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date

Emergency Contact: _____

Phone: _____

Parent Home Phone #: _____ **Cell #:** _____

Allergies: _____
