STUDENT PERMISSION SLIP & MEDICAL CARE RELEASE

UNION CHRISTIAN CHURCH (UCC)
FROM AUGUST 2013- AUGUST 2014

_____ _____ _____
Student Name Date of Birth Social Security No. (Optional)

I, _____, (relationship)_____
of the student named above, give my permission…

to hold UCC harmless from any and all liability it may incur related to my child's travel and participation of all activities, events, and programs of the UCC student ministries from August 2013 to August 2014. I also agree to hold each adult supervising my child on behalf of the church harmless from all liability he or she may incur, except for liability resulting from willful, wanton, or intentional acts he or she commits. In the event of accident or emergency, I understand that attempts will be made to contact me. However, if I cannot be reached within a reasonable time under the circumstances, I give permission to the adults from UCC who are supervising my child in relation to this event to order any necessary medical treatment. I also consent to and authorize any accredited hospital and its medical staff to administer and perform any emergency medical and/or surgical treatment deemed necessary in the judgment of the treating physician. Furthermore, I authorize the release of information for insurance purposes and payment directly to the hospital.

I grant to UCC, its representatives and employees the right to take photographs and/or video images of me and my family, and of the property of myself and my family, in connection with my participation in this ministry. I authorize UCC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that UCC may use such photographs and/or videos of me and/or my family, and/or our respective property with or without my name or the name of my family member.

_____ _____
Signed (Parent/Legal Guardian) Date

_____
Address (Street, City, State, & ZIP)

_____ _____ _____
Home Phone Work Phone Cell Phone

_____ _____ _____
Health Insurance Carrier Policy Number Insurance Carrier Phone

Emergency Contacts (if parent or guardian cannot be reached)

_____ _____
Name Phone

_____ _____
Name Phone