

UNITARIAN UNIVERSALIST SOCIETY OF FAIRHAVEN

Permission and Medical Release

_____ has my permission to participate in
(activity) _____
at (location) _____
on (date) _____.

In case of medical emergency, I authorize the adult chaperones to give permission for treatment of my child.

During the above activity, I can be reached at (phone number) _____.

An alternate person to contact is _____
at (phone number) _____.

My child's health problems, allergies, dietary restrictions are: _____

My family health insurance carrier and number are:

Signature of parent or guardian: _____