

ELMER UMC AND HANGAR ACTIVITY PERMISSION FORM

I give my permission for (child's name)_____ to attend(event)_____. I will make sure my child agrees to cooperate fully with the instructions given during this activity and I also understand that if the leader for this activity feels my child is not manageable I will when asked pick my child up at the request of the leader. In the event I cannot be reached in an emergency, I hereby give permission to the health care provider selected by the Youth director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child named above.

Insurance information _____

Primary Physician _____

Contact number _____

Existing health conditions or allergies _____

Parent or Guardian signature _____ Date _____

Contact phone numbers _____