



Permission Form

Name: _____

Street Address: _____

City, State, ZIP: _____

Phone: (_____) _____

I give permission for my above named child to join the *Inspired Teens* of Community Church of Appleton, Wisconsin on _____ (event) on _____ (date). I understand that the group will be traveling by car / air. (circle)

I hereby release Community Church of Appleton, Wisconsin, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of natural parent of legal guardian:

_____ Date : ____ / ____ / ____

Emergency phone number: (_____) _____

MEDICAL INFORMATION (providing this information is optional, but encouraged)

Blood Type: _____

Allergies: _____

Medications: _____

Physical handicaps or limitations: _____

(1)

(2)

Medical insurance company _____

Policy Number _____

Member's name _____