

**THE UNITED PRESBYTERIAN CHURCH  
2550 ROCK HILL ROAD  
WOOD RIVER, ILLINOIS 62095  
PHONE: 618-254-5880**

**PARENT PERMISSION AND MEDICAL RELEASE**

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Grade/Age \_\_\_\_\_

I give permission for my child(ren) to participate in the church sponsored celebration at the home of Kerry and Barb Pitt in Holiday Shores, IL, from 5:00 p.m. to 8:00 p.m. on Sunday, May 6th, 2012, and for her/him to participate in all of the associated activities. I understand the activity has been approved by the Session and the Pastor of the church and that my child(ren) will travel together and that only adult sponsors 25 years and older will drive.

I hereby release The United Presbyterian Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during activities that are a part of this trip. In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me, to consent to any X-ray examination, medical, dental, or surgical treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate). I expect to be contacted as soon as possible.

*\*We will leave The United Presbyterian Church in Wood River at 5 p.m. on Sunday, May 6th. We will return to The United Presbyterian Church at/around 8:00 p.m.in order to get our two hours together for fun and fellowship. \*Families may use one form.*

Parent/Guardian  
Signature \_\_\_\_\_

Please print above name \_\_\_\_\_

Emergency  
phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medication(s) being taken \_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_ Member's Name \_\_\_\_\_

Date \_\_\_\_\_