

Mayflower Congregational Church
3901 N.W. 63rd Street, OKC, OK 73116
(405) 842.8897 www.mayflowerucc.org

PERMISSION FORM

Student Name: _____ Date of Birth _____

Primary Address: _____ City: _____ State: _____ Zip: _____

Parent(s) or Guardian Names: _____

Phone #s (parent(s) & student home, work, cell, etc.) _____

Male____ Female____

INSURANCE INFORMATION

Health Insurance Co. _____ Policy No.: _____

Physician or Clinic: _____ Tele.: _____

Specific medical condition/s or other necessary health information:

PARENTAL AUTHORIZATION

As the parent or guardian of _____, I give permission for my child to participate in Mayflower Youth Group and Sunday School activities. My child has my permission to be transported to and from activities. I understand that neither Mayflower Congregational Church nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Signature Parent/Guardian: _____ Date: _____

MEDICAL RELEASE

As the parent or guardian of _____, I do herewith authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signature Parent/Guardian: _____ Date: _____

Another person to contact in case of emergency:

Name: _____ Relationship: _____ Phone #s: _____

ALTERNATE TRANSPORTATION PERMISSION

As the parent or guardian of _____, I give permission for my child to participate in Mayflower Youth Group and Sunday School Activities and, at their discretion, travel to and from activities either in their own car or in the car of their friends. I understand that neither Mayflower Congregational Church nor any of its agents are responsible for any injury sustained by my child while driving their own car or riding in the car of their friends. Nor is Mayflower Congregational Church nor any of its agents responsible for any activity my child may participate in while utilizing their own car or traveling with friends not under the direct supervision of Mayflower staff or volunteers. I accept responsibility for any medical expenses as a result of any injuries sustained.

Signature Parent/Guardian: _____ Date: _____

This permission will be on file and with us when transporting your children to and from activities.