

Congregational Church UCC
974 Skyline Drive SW
Rochester MN 55902

Consent Form for Children/Youth

Name: _____

Address: _____

Age: _____ Date of Birth: _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Allergies or medical concerns: _____

Medications: _____

Medical Insurance Carrier and Policy #: _____

My son/daughter _____ has permission to go to

_____ at _____ on _____
(event) (destination) (date)

with _____. He/she will return to _____
(church group) (place)

on _____ at _____.
(date) (approx. time)

In the event of a medical emergency, and I can not be reached, I authorize the church advisors to obtain medical treatment for my son/daughter.

(Parent signature)

(Date)