



First Parish in Brookline

Participation and Activity Permission for Children and Youth Activities: 2007-08

This permission form authorizes my child to participate in all Religious Exploration or Youth Group activities that are on and off church property during the 2007-08 church year. There will be a shortened permission slip that will also be required for each specific event that is off property and not during Sunday morning programming time.

My son/daughter (please print) _____ has my permission to participate in activities under First Parish in Brookline supervision, with the understanding that FPB will assure that each activity is properly supervised. I hereby relive FPB, the leadership thereof, and the persons conducting this activity of any liability in connection with my son/daughter's participation in this activity.

Grade level during 2007-08 School year: _____ Date of Birth: _____

In the event of an accident, I understand that an attempt will be made to contact me at the following numbers:

HOME _____ WORK _____ CELL _____

In case I cannot be reached, the following person is our family's emergency contact:

NAME _____ TELEPHONE _____

If the emergency contact or I cannot be reached in time, I hereby authorize the administration of emergency medical aid to my son/daughter. In emergencies requiring immediate medical attention, my child will be taken to the nearest hospital emergency room. My signature authorizes the responsible person from First Parish in Brookline conducting this activity to have my child transported to that hospital. I agree to accept financial responsibility for any and all emergency medical care so provided. I also authorize the FPB trip supervisors to administer to my son/daughter the medications, if any, listed below on this form.

Signature of Parent/Guardian: _____ Date: _____

Please indicate:

- general allergies or to medicine
- special medications
- health conditions, physical or medical needs
- behavioral, learning or emotional concerns or issues
- please attach detailed information if necessary

Should any information provided on this form change during the period of authorization, I will notify First Parish in Brookline with updated information.

Signature of Parent/Guardian _____ Date _____

Printed Name _____

Email _____