

# UUCM Youth Group Sleep Over Permission Slip

## Unitarian Universalist Church of Marblehead

### PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name \_\_\_\_\_ Grade \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email(s) \_\_\_\_\_

Date of Event: **Saturday March 19, 2016 6:30 PM Drop Off –10:30 am Sunday** Type of Event **Group Sleep Over**

Event Location: **Unitarian Universalist Church Marblehead**

Individual(s) in Charge: **Reverend Wendy von Courter**

**\*\*If they wish to bring a snack to share (no nuts please)**

I, \_\_\_\_\_, (parent/guardian) grant permission for \_\_\_\_\_ (child) to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Unitarian Universalist Church of Marblehead from any claims or law suits brought against Unitarian Universalist Church of Marblehead by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the Unitarian Universalist Church of Marblehead in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

\_\_\_\_\_ ( Name/ Phone Number(s))

### MEDICAL INFORMATION:

Medication my child is taking at present \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

As Parent or Guardian, I agree to all of the above stated considerations and conditions:

\_\_\_\_\_ (name) \_\_\_\_\_ (date)