

YOUTH PERMISSION FORM WILD WEEK

Name of Youth

Middletown Presbyterian Church
273 S Old Middletown Rd
Media, PA 19063
610-565-4080

Birth Date: ____/____/____

I/we, the parents/guardians of the above named youth, give permission for this youth to take part in the Wild Week youth program of Middletown Presbyterian Church for the time period June 21, 2010 through June 25, 2010.

I understand that in the case of an emergency, every effort will be made to contact me. If I cannot be reached at the numbers supplied, I hereby give permission to the physician selected by the adults representing Middletown Presbyterian Church to hospitalize and secure proper treatment for my child and I will be solely responsible for the payment of any charges so incurred.

Your Name _____ Relationship to Youth _____

Address _____ Phone/Home _____

_____ Phone/Work _____

Your E-mail _____ Your Cell _____

Youth E-mail _____ Youth Cell _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of Personal Physician _____ Phone _____

Personal Health/Accident Insurance Carrier _____

Policy Number _____

Signature of Parent or Guardian

Date _____

