UUFA RE Program Field Trip Release And Medical Release Form

Field Trip Consent: My child, named on the reverse side of this form, has permission to participate in short field trips during regularly scheduled RE classes (walks, visits to other churches, parks, coffee houses, or teachers' homes, etc.). Other church sponsored activities will have separate permission slips.

Medical Consent: I hereby, as parent or guardian of the minor child named on the reverse side of this form, do give permission to the RE staff or volunteers of the Unitarian Universalist Fellowship of Ames, Iowa, in the case of medical emergency, to give first aid and/or take my child to the nearest medical facility, or to:

Name of hospital_____, phone # _____
or to call:
Name of physician_____, phone # _____.

I also give the physician and/or hospital permission to perform any and all procedures necessary for the treatment of my child.

Signature of parent or guardian _____ Date _____

My initials below indicate the renewal of the "Field Trip Consent" and "Medical Consent" statements at the date noted.

Date																		
INIT																		