

**First Unitarian Universalist Fellowship of Hunterdon County
Religious Education Program
Permission & Liability Release for Off-Site Activity**

Student Name		Birth date	
Parent /Guardian		Home #	
Address		1 - Cell #	
City, State, Zip		2 – Cell #	
In case of emergency and parents cannot be reached, contact		Relationship	
Name		Phone #	
Please list the following for your student with the most current medical information -			
Conditions			
Allergies			
Medications			
Medical Ins. Co.		Member ID #	
Policy Holder		Group ID #	
Primary Doctor		Dr. Phone	

I hereby give my consent for my child to attend the events/activities listed. I understand that neither the First Unitarian Universalist Fellowship of Hunterdon County, its staff, nor its volunteers, assume any legal liability for the welfare of my child/ward, and I hereby release them of such liability. I authorize the drivers and supervising adults to take any reasonable action to ensure the safety, health and welfare of my child for the duration of the activity. I give my consent for any immediate necessary medical treatment in the case of an accident or emergency, and I agree to assume all responsibilities for any medical expenses incurred.

Event/Activity		Date	
Parent Signature		Date	

Detach and keep for your records

Activity		Location	
Date		Time	
Chaperone		Contact #	
Chaperone		Contact #	
To Bring		Cost	