

Congregational Church UCC  
974 Skyline Drive SW  
Rochester MN 55902

Consent Form for Children/Youth

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Medical Insurance Carrier and Policy #: \_\_\_\_\_

\_\_\_\_\_

My son/daughter \_\_\_\_\_ has permission to go to

\_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_  
(event) (destination) (date)

with \_\_\_\_\_. He/she will return to \_\_\_\_\_  
(church group) (place)

on \_\_\_\_\_ at \_\_\_\_\_.  
(date) (approx. time)

In the event of a medical emergency, and I can not be reached, I authorize the church advisors to obtain medical treatment for my son/daughter.

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Date)