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### Parental Permission Form and Authorization to Administer Medical Aid

*To be completed by a parent or guardian*

Date: \_\_\_\_\_ Destination: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_ Cost: \_\_\_\_\_

#### Emergency Information

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_

Parent/Guardian's Telephone:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_ Individual Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Specify any allergies: \_\_\_\_\_ Specify any medication: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

I hereby give my permission for (*child*) \_\_\_\_\_ to go to

(*destination*) \_\_\_\_\_. I understand that the church staff will use their best efforts to supervise; however, I also understand the church staff are not responsible for loss of personal property or bodily injury. If I cannot be reached at the time of an emergency and if treatment is urgent in the judgment of the church staff and medical authorities, I authorize and direct the church staff members present to send my child (*properly accompanied*) to the hospital or the most easily accessible medical facility. I understand that I will assume full responsibility for the payment of any services rendered.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_