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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: _____