

Springfield Church of the Brethren Youth Group

Permission – Release Form

Name _____ Phone No. _____

Address _____ City and Zip _____

Grade _____

I give permission for my above named child to join S.C.O.B. Youth Group of Springfield Church of the Brethren to participate in the following summer activities (please see attached calendar for time details):

Date/Event: _____ Signature/Date: _____

Date/Event: _____ Signature/Date: _____

Date/Event: _____ Signature/Date: _____

Date/Event: _____ Signature/Date: _____

I understand that the group will be traveling by _____.

Emergency Phone Numbers _____ (H) _____ (C)

Other numbers/contacts _____

MEDICAL INFORMATION

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

Medical insurance company _____

Member's Name _____

Policy Number _____

Group Number _____