

## First Presbyterian Church of Hammond. Youth Ministry permission form and medical release

I/We	, being the parent(s)/ legal guardian(s) of	
	, a minor of	years of age, consent and agree that said
son/daughter may	travel with the First Presbyt	erian Church of Hammond's Youth Group to attend
	, on the dates of	through
Signature:		Print Name:
Address:		City/State/Zip:
Telephone: (Mom	cell)	(Dad Cell)
Parent's Email Add	lress:	
Name:	t (if parent is unavailable)	
	ıdent:	
medication for the anesthetics, and o	e above-named child. I/We fu perations as in the opinion o	ure the administration of medical treatment and/or urther agree to the performance of such treatment, of the attending physician is deemed necessary.  hould NOT be given because of dangerous reactions:
Signature:		Date