

Newton Presbyterian Church

Parental Permission Form

I grant permission for my child _____ (name of child) to attend _____ (fill in the name of event) on _____ (date of event).

I understand that my child will be transported and supervised by adult leaders of Newton Presbyterian Church. I give permission for my child to received emergency medical care if needed.

Signature of Parent

Date

Print Parent's Name

Phone Number

Medical Information

Name of Insured: _____ Relation to Student: _____

Medical Insurance Company: _____

Medical Ins. Co. Phone: _____ Policy #: _____

Home Address: _____

Emergency Contact: _____ Phone: _____

Allergies/Medical Conditions: _____

Medications: _____