

UCC Youth

UNIVERSITY COVENANT CHURCH
315 MACE BLVD.
DAVIS CA 95618

(530) 756-3923
FAX 756-4511

ALEX WRIGHT
YOUTH PASTOR

ERICA WRIGHT
JUNIOR HIGH MINISTRY COORDINATOR

Permission Slip and Medical Release form from Parental Unit

Event: _____

Date & Time: _____

I, the undersigned, give my permission for my child(ren) to attend the event listed above with University Covenant Church's Youth Ministries.

I, the undersigned, parent or guardian of the child listed above, agree and consent to have the staff members and counselors of the youth program at University Covenant Church, and any other worker in the program approved as parent to secure any emergency medical care or treatment deemed necessary for my child by a qualified medical examiner during this event. I further assume all responsibility for the decision so made, and the emergency care or treatment so secured by my child. As well, I release from all responsibility or liability for accident, and or injury, any and all representatives, counselors, leaders or drivers working with the University Covenant Church youth program.

I also give my permission for photos and/or video of my child from this event to be posted to the University Covenant Church website, be used in future promotional materials, displayed in slide shows, and/or distributed to other students and leaders involved with the University Covenant Church youth ministry. I hereby release University Covenant Church from any and all liability and legal or equitable claims of any kind related to such work being displayed in any of these venues. I understand that students may be identified by their first name only. (If you do not give such permission, please initial here: _____)

Name of student(s) _____ Grade in School: _____

Date of Birth: _____

Address: _____ City: _____ Zip: _____

Parent Name(s): _____

Parent email: _____ Other parent email: _____

Check here if you do NOT want to be on our parent email list:

Insurance and policy number _____

Emergency numbers to call are:

Home: _____ Work: _____ Cell: _____

Other (specify): _____

Signed: _____ Date: _____

VERY IMPORTANT!

Please list any medical allergies, medication being taken, medical problems, or any other pertinent medical information regarding your child:

OUR PURPOSE IS TO
EXPERIENCE
GOD'S GRACE,
LOVE AND
HONOR GOD,
CARE
FOR EACH OTHER,
GROW
IN OUR FAITH,
REACH OUT
TO OUR PEERS,
AND **SERVE**
CHRIST IN THE COMMUNITY
AND AROUND THE WORLD.