

**Channing Memorial Church
135 Pelham St.
Newport, RI 02840
PERMISSION FORM**

Activity: _____ Date: _____

Name: _____ Date of Birth: _____

Home Tele: _____

Work Tele: _____

Cell Tele: _____

As the parent or guardian of _____ I give permission for my youth to participate in the activity stated above. I understand that neither Channing Memorial Church or any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Signature Parent/Guardian: _____ Date: _____

MEDICAL RELEASE

As the parent or guardian of _____, I do herewith authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signature : _____ Date: _____

Another person to contact in case of emergency:

Name: _____

Relationship: _____ Tele: _____