



Unitarian Universalist Congregation of Somerset Hills
Religious Exploration Program
Permission & Liability Release for Off-Site Activity



| | | | |
|--|--|--------------|--|
| Student Name | | Birth date | |
| Parent /Guardian | | Home # | |
| Address | | 1 - Cell # | |
| City, State, Zip | | 2 – Cell # | |
| In case of emergency and parents cannot be reached, contact | | Relationship | |
| Name | | Phone # | |
| Please list the following for your student with the most current medical information - | | | |
| Conditions | | | |
| Allergies | | | |
| Medications | | | |
| Medical Ins. Co. | | Member ID # | |
| Policy Holder | | Group ID # | |
| Primary Doctor | | Dr. Phone | |

I hereby give my consent for my child to attend the events/activities listed. I understand that neither the Unitarian Universalist Congregation of Somerset Hills, its staff, nor its volunteers assume any legal liability for the welfare of my child/ward, and I hereby release them of such liability. I authorize the drivers and supervising adults to take any reasonable action to ensure the safety, health, and welfare of my child for the duration of the activity. I give my consent for any immediate necessary medical treatment in the case of an accident or emergency, and I agree to assume all responsibilities for any medical expenses incurred.

| | | | |
|------------------|--|------|--|
| Event/Activity | | Date | |
| Parent Signature | | Date | |

Detach and keep for your records

| | | | |
|-----------|--|-----------|--|
| Activity | | Location | |
| Date | | Time | |
| Chaperone | | Contact # | |
| Chaperone | | Contact # | |
| To Bring | | Cost | |