

Unitarian-Universalist Church of Nashua  
 58 Lowell Street  
 Nashua, NH 03064  
 (603)882-1091  
[www.uunashua.org](http://www.uunashua.org)

## PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE FORM

I \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_  
 (parent/guardian name) (youth name)

I give consent for my child to attend \_\_\_\_\_ on/from \_\_\_\_\_  
 (event) (date/s)

*(Insert specifics of trip such as where they will leave from and what time and when and where they will return to.)*

\_\_\_\_\_  
 \_\_\_\_\_

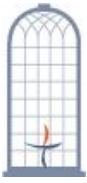
<p>The Child covered by this authorization is:</p> <p>Name: _____ DOB: _____</p> <p>Parent/Legal Guardian: _____</p> <p>Home Address: _____</p> <p>City/State/Zip: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p>	<p>In Case of Emergency, Contact:</p> <p>Name: _____</p> <p>Day Phone: _____</p> <p>Evening Phone: _____</p> <p><b>Parent Attendance Information:</b></p> <p>_____ I <b>will attend</b> the event</p> <p>_____ I <b>will not be attending</b> the event</p>
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- The Medical Information Form required annually is on file or attached
- There are no changes to the medical information on file with the Faith Formation Program
- There have been changes to the medical information for my child/youth and the revised Medical Information Form is attached

In consideration of UU Church of Nashua organizing certain activities and events and allowing my child to participate in such activities and events, neither my child nor I (nor their other parents(s) or guardians(s), our respective heirs, successors, executors, administrators, or assigns) will hold UU Church of Nashua or its agents responsible or institute suit for any damage, loss or injury that may be sustained as a result of my child's participation in the activity identified at the top of this page. I realize precautions will be taken against accidents. I give my permission for emergency medical treatment for my child.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_

2/27/2017



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DATE \_\_\_\_\_

2/27/2017