

**WESTSIDE UNITARIAN UNIVERSALIST CHURCH
LIABILITY RELEASE AND EMERGENCY CARE
AUTHORIZATION**

I hereby grant permission for _____ to
attend the following function: _____ on
(date) _____ at (time) _____.

In the event that an emergency should arise, I grant permission to those in charge to do whatever is deemed necessary to insure his/her safety and well being, and I hereby authorize in advance any necessary medical care. I agree to be responsible for any such medical expenses. I have completed the medical information below and agree that my child may take the medication listed there.

Signature of parent/guardian: _____ Date _____

IN ADDITION:

(For those with children between 13 and 19 years old)

I have discussed the rules on the Youth Rules Agreement form with my youth and we both realize that failure to follow them could result in his/her removal from the event and/or my youth being sent home at my expense.

Signature of parent/guardian: _____ Date _____

Medical Information: Please list any and all medications (over the counter or prescription) your child is to take at the time of the event. If none, please so state: _____
