

*Unitarian Universalist Fellowship of Centre County*  
*Lifespan Religious Education Program*  
**Parental Permission and Medical Authorization Form**

**Effective Dates: September 1, 2023 – August 31, 2024**

**PARENTAL CONSENT**

I/We, the undersigned, the parent(s)/legal guardian(s) of (herein: \_\_\_\_\_), (herein: Participant) do hereby give permission for him/her to attend and participate in any Unitarian Universalist Fellowship of Centre County (herein: UUFCC) activities, events, retreats, field trips, and service projects during the period of September 2023 -August 2024, except as noted: \_\_\_\_\_

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**LIABILITY RELEASE**

I/We, the undersigned, agree and hereby release and agree to hold harmless UUFCC and/or any and all supervisors and volunteers (collectively herein: Fellowship) from any and all liability, claims, or demands for any accidental personal injury or sickness, as well as property damage and expense of any nature incurred by the Participant while involved in UUFCC activities, including, but not limited to, any damages, loss, or injuries that may be sustained through transportation to or from the activity. I/We hereby assume all risk of accidental personal injury, sickness, damage, and expense as a result of participation in any UUFCC activities. The undersigned further hereby agrees to hold harmless and indemnify said Fellowship for any liability sustained as the result of the negligent, willful, or intentional acts of said Participant.

**MEDICAL TREATMENT PERMISSION**

I/We hereby authorize the Fellowship, hospitals, licensed medical/ dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical/ dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of the Participant. This includes the authority to any x-ray exam, anesthetic, medical procedure/treatment, and hospital care under the supervision, and upon the advice of or to be rendered by a licensed physician, surgeon, or dentist. I/We also authorize the Fellowship to receive physical custody of the Participant upon completion of any treatment. As parent(s)/legal guardian(s), I/We remain legally responsible for the Participant and hold harmless the Fellowship for any cost of medical treatment in connection with any and all UUFCC activities.

**TRANSPORTATION PERMISSION**

I/We do hereby grant permission for the Participant to be transported to and from events by licensed drivers authorized by the Fellowship. I/We and the Participant understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

**EARLY RETURN HOME POLICY**

Should it be necessary for the Participant to return home early due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs and responsibility.

_____ Print Parent/Guardian	_____ Signature of Parent/Guardian	Date; _____
_____ Print Parent/Guardian	_____ Signature of Parent/Guardian	Date; _____

# Emergency Contact Information

Parent(s)/Guardian(s)

Phone Numbers

Name(s)

Street Address

City

State

Zip

Email

Other Emergency Contacts

Phone Numbers

Name

Relationship

Name

Relationship

# Health Care Information

Family Physician/Practice

Family Dentist/Practice

Name

Name

Phone Number

Phone Number

Medical Insurance Provider

Name

Policy/Group #

Name of Policy Holder

Dental Insurance Info (if different from Medical Insurance)

Allergies

Permission to Receive Over-the-counter Medicine?

☐

Yes

☐

No

Prescription Medicine Taken

Name

Dosage

Name

Dosage

Name

Dosage

Additional Information (including physical limitations)

UU Fellowship of Centre County ~ Ashley Hamlin, Director of Lifespan Religious Education  
780 Waupelani Drive Ext, State College, PA 16801, 814.237.7605 ~ [ahamlin@uufcc.com](mailto:ahamlin@uufcc.com)