

Permission-Authorization Form

Event: **Wednesday W.O.W. program, August 12, 2009 – May 12, 2010**

Sponsored by: **Mount Cross Lutheran Church, 601 E. Highway 260, Payson, AZ 85541**

Participant's Name: _____ Grade ____ Age ____

Address: _____

Home phone: (____) _____ Cell phone: (____) _____

Emergency phone number(s): (____) _____ (____) _____

Allergies/ special health concerns/ medications/ dietary needs:

The following people may **NOT** pick up my child/children: _____

Physician's Name: _____ Phone _____

Insurance Company: _____ Insured's Name _____

Policy Number: _____ ID number _____

My child may participate in the above stated activity, including travel via church vehicle or personal vehicle driven by an adult chaperone/leader who is age 21 or older with a valid driver's license. I give permission for my child to receive emergency medical care if necessary. I give the adult chaperones/leaders the authority to act on my behalf with respect to my child's health and safety during the event, with the understanding that I or the emergency contact number(s) listed above will be contacted as soon as possible should the need arise. I accept full responsibility for any expenses for medical treatment for my child. I release Mount Cross Lutheran Church and its representatives from liability in the event of accidental injury or illness.

Signed: _____

(parent/ guardian)

_____ I would like to help with the W.O.W. program