

**Permission-Authorization Form**

Event: **Wednesday W.O.W. program, August 13, 2008 – May 6, 2009**

Sponsored by: Mount Cross Lutheran Church, Payson, AZ

Participant's Name: \_\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_

Address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Emergency phone number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Allergies/ special health concerns/ medications/ dietary needs:

\_\_\_\_\_

Surgery/ serious illness history: \_\_\_\_\_

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**