

PERMISSION TO PARTICIPATE AND MEDICAL INFORMATION
Evangelical Reformed United Church of Christ
15 W. Church Street, Frederick, Maryland 21701
301-662-2761

Name _____

Address _____

Home Phone _____

Work Phone _____

Date of Birth _____

Emergency Contact Person and Phone Number

Physician Name and Phone Number _____

Any medical problems or allergies that we need to know about _____

(use reverse side if needed)

My child _____ has permission to attend the all ERUCC planned activities. I authorize permission for Rev. Barbara Kershner Daniel or other designated ERUCC adults participating on these activities to seek emergency treatment for my son/daughter should the need arise.

Signature of Parent/Legal Guardian and Date

Medical Insurance Company and Group Number
