



F I R S T UNITARIAN UNIVERSALIST SOCIETY OF SYRACUSE

109 Waring Road • Syracuse, New York 13224-2294 • (315) 446-5940

Parent/Guardian Consent and Medical Release Form (1 Page) First Unitarian Universalist Society of Syracuse

I, _____ am the parent or legal guardian of _____
(parent/guardian name) (youth name)

I give consent for him/her to attend _____ on _____
(event) (date)

Insert specifics of trip such as where they will leave from and what time and when and where they will return to:

I hereby give my consent and authority for the designated adult(s) to take action to help ensure the safety, health and welfare of my son/daughter/ward. I understand that if he/she breaks any federal, state, or local laws that I will be informed. I also request and empower my child's sponsor to authorize medical personnel and hospitals to provide all medical care, including but not limited to hospital tests, emergency surgical care, pathology, radiology and anesthesia, surgery and prescriptive drugs for the health of my child.

Designated adult(s) for the event specified above:

- I have submitted medical information when child/youth was registered for the LFDD Program.
- There are no changes to the medical information on file with the LFDD Program.
- Changes to the medical information for my child/youth are attached.

The Undersigned, on his/her own behalf, and on behalf of her/his minor child/ward, does hereby RELEASE, discharge and covenant to hold harmless First Unitarian Universalist Society of Syracuse (First UU), its officers, employees and volunteers, from any and all claims, causes of action, and liability of any kind or nature, including personal injuries or death, or in any way arising out of, directly or indirectly, the child's/ward's attendance or participation in:

(Name of Event)

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____