

St. James Presbyterian Church

Medical Release & Permission

I hereby give permission for my son / daughter _____
to attend the St. James _____
on _____, 20_____.

In the event emergency medical treatment becomes necessary during this time, and if I cannot be reached, I authorize treatment for my son / daughter.

Parent's signature

Date

During this time I can be reached at the following number _____.

Our family physician is _____, phone_____.

St. James Presbyterian Church

Medical Release & Permission

I hereby give permission for my son / daughter _____
to attend the St. James _____
on _____, 20_____.

In the event emergency medical treatment becomes necessary during this time, and if I cannot be reached, I authorize treatment for my son / daughter.

Parent's signature

Date

During this time I can be reached at the following number _____.

Our family physician is _____, phone_____.