



YOUTH PERMISSION FORM

Name of Youth

Birth Date: ____/____/____

Middletown Presbyterian Church
273 S Old Middletown Rd
Media, PA 19063
610-565-4080

I/we, the parents/guardians of the above named youth, give permission for this youth to take part in the Wild Week youth program of Middletown Presbyterian Church for the time period June 20-June 24, 2011.

I understand that in the case of an emergency, every effort will be made to contact me. If I cannot be reached at the numbers supplied, I hereby give permission to the physician selected by the adults representing Middletown Presbyterian Church to hospitalize and secure proper treatment for my child and I will be solely responsible for the payment of any charges so incurred.

Your Name _____ Relationship to Youth _____

Address _____ Phone/Home _____

_____ Phone/Work _____

Your E-mail _____ Your Cell _____

Youth E-mail _____ Youth Cell _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of Personal Physician _____ Phone _____

Personal Health/Accident Insurance Carrier _____

Policy Number _____

Signature of Parent or Guardian

Date _____