

Birthdate: \_\_\_\_\_ Name: \_\_\_\_\_ Grade \_\_\_\_\_

**ALL SOULS**  
UNITARIAN CHURCH

**Medical Release and Field Trip Authorization**

(Must be completed and signed annually by a parent or guardian)

I, \_\_\_\_\_ (name of parent or guardian) am the parent or legal guardian of \_\_\_\_\_ (child's name). I give my consent for him/her to participate in any and all events, activities and field trips sponsored and endorsed by All Souls Unitarian Church (All Souls) during the period from June 1, 2009 to October 31, 2010 (the following year).

I give my consent and authority for the All Souls staff and designated adult volunteers to take action to help insure the safety, health and welfare of my son/daughter/ward. I also empower and authorize the All Souls staff and designated adult volunteers to authorize medical personnel. Physicians and hospitals that they select to provide all medical care and treatment, including but not limited to hospital tests, emergency surgical care, pathology, radiology, anesthesia, surgery, injections and prescriptive drugs for the health of my child. I understand that I am responsible for any charges incurred. I also authorize the release of any and all information necessary to provide for the medical care and treatment.

I acknowledge that by participating in All Souls sponsored events my child/ward may be involved in activities occurring both on and off church property, during both day and evening hours, occasionally involving overnight stays, requiring transportation by motorized vehicles, involving the preparation and consumption of food and involving the use of tools, equipment, fire and other materials. I further acknowledge that by participating in All Souls related activities, my child/ward may become involved in recreational and sporting activities, including but not limited to hiking, climbing, bicycle riding, rafting/canoeing, Frisbee, laser tag and bowling. Accordingly, I acknowledge that participation in All Souls sponsored activities involves certain dangers and risks and may expose my child to hazards of bodily injury and property damage.

In recognition of these risks and in consideration of my child/ward being allowed to participate in and benefit from these All Souls sponsored events, I agree on behalf of myself and my child/ward to release, waive and disclaim any and all liabilities of, or claim against All Souls, its officers, board members, staff, agents, servants, employees and all persons volunteering services without charge to transport, supervise and/or chaperone my child/ward while participating in such All Souls sponsored activities, including but not limited to any and all liabilities or claims for personal injury, property damage, court costs, attorneys' fees and interest, however caused or accrued as a result of my child/ward participating in such All Souls sponsored events.

I understand that this document is valid for all of the current church year, unless revoked in writing and delivered to the business office of All Souls. I further understand that it is my responsibility to keep current information contained in the records held in the church office including, but not limited to, my address, phone number, emergency contact and insurance information.

A photocopy of this consent form shall be as binding as the original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Witness

Emergency Contact: \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Group Number

Please list any special concerns on the back of this document. The Children's Religious Education Staff and volunteers of All Souls Unitarian Church will keep all information confidential.

