

mpe student ministries

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2009 - 2010 PERMISSION & MEDICAL RELEASE FORM

With the understanding that adult supervision is provided, I, the parent/guardian of _____, give permission for
Student's Printed Full Name

him/her to participate in all events at Mukilteo Presbyterian Church in the year 2009 - 10. I further authorize any treatment (by an accredited hospital and/or physician) deemed necessary in case of an emergency during these MPC Student Ministries sponsored events. I also understand that in the event my child brings or uses an illegal substance or is disrespectful to MPC adult supervision or fellow students in any way while on this trip, I will be called and asked to come and pick him/her up immediately.

Parent/Guardian Signature

Date

Parent Name _____
Address: _____
Home Telephone Number: _____
Cell (or alternate) Phone Numbers: _____
Doctor's Name and #: _____
Allergies or Medications? Other needed information? Please explain: _____ _____ _____

I, _____, promise not to bring or use any illegal
Student's Printed Full Name

substances (including marijuana, tobacco, alcohol, etc.) on any trip. I also promise to treat every person (adult or student) with respect. I fully understand that if I do not act in accordance to these guidelines my parent(s) will be called and asked to pick me up immediately.

Student Signature

Date