

**United First Parish Church**  
**Religious Education for Children and Youth**

1306 Hancock Street, Quincy, MA 02169 Telephone: 617 773-1290

**PARENT/GUARDIAN' S PERMISSION AND MEDICAL  
RELEASE FORM**

(child/childrens names)

\_\_\_\_\_ has my  
permission to attend field trips for church school events with United  
First Parish Church teachers/advisors. I understand that when my  
child/youth is driven in a motor vehicle there will be a safety belt for  
my child. In case of an emergency, I hereby authorize the adult  
chaperone's to give permission for treatment in the case that my child  
would need medical care. In case of an emergency I can be reached at

\_\_\_\_\_ (cell phone)

\_\_\_\_\_ (home phone)

Health Problems:

Allergies:

Child's Health Insurance carrier:

Insurance number:

Parent/Guardian to print name and add signature and date: