

Yearly Meeting Children's Program*
Parental Permission Form

Evangelical Friends Church - Eastern Region - Yearly Meeting July 17-20, 2010

I hereby give permission for my son/daughter _____
to participate in the children's activities during Yearly Meeting to be held Saturday, July 17 through
Tuesday, July 20, 2010.

To the best of my knowledge the following health information is correct and the above-named child
has my permission to engage in all activities unless otherwise stated in written form. In the event of
an emergency and I cannot be reached, I hereby give my permission to transport my child to a local
hospital and to the physician selected by the event director to secure proper treatment for my child.

Please regard my signature below as my assurance that I release Evangelical Friends Church, Yearly
Meeting Children's Staff and Medical Staff from any liability or damages resulting from participating in
the program, injuries or medical treatment.

I also agree to keep the directors informed in writing of any revisions in medical information. I have
had the opportunity to ask any questions and they have been fully answered to my satisfaction.

Date _____

Signature of Parent or Guardian _____

* This form is one of two pages, downloaded from the EFC-ER website, for your convenience.
Please complete both pages, staple together, and bring to the Children's registration desk
at Yearly Meeting.

Child Information Form*

Please fill out the entire form as all information is important

Child's Name _____

School Grade completed _____

Parent or Guardian Information :

Name _____ Relationship to Child _____

Address:

Cell Phone _____ Home Phone _____

Emergency contact name and phone number _____

Where are you staying during Yearly Meeting _____

Medical Information

Name of Insurance Provider:

List any allergies your child has:

List any medical problems your child has:

List any medications your child is currently taking:

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