

Permission and Health Form for Apple Picking on September 16, 2017

Old Fashioned Harvest Market
United Church of Underhill
Underhill, Vermont

You must have this form completed and signed by your parent or guardian to come apple picking.

Permission is hereby granted for _____ to participate in apple picking sponsored by the United Church of Underhill on **September 16, 2017**. **Please note that all drivers for this event will be adults.**

Youth name _____

Date of birth _____ Home phone (____) _____

Persons to contact in case of emergency: [Two people available during the event]

1. _____ Phone (____) _____

2. _____ Phone (____) _____

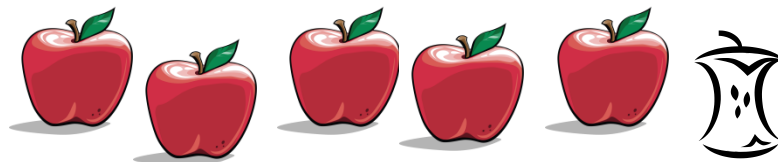
Allergies: _____

Current medications and dosage: _____

Conditions requiring special attention: _____

Health Insurance Company _____ Policy No. _____

As the parent or legal guardian of _____, I certify that the above information is complete and correct. I further authorize the adult leaders of the event to secure emergency medical treatment and other medical attention as deemed necessary by a licensed physician for my child, until I can be contacted. I further acknowledge that all costs associated with any medical treatment for illness or accident while at the youth event are my responsibility.



I have read and understand this form.

Parent/Guardian Signature _____

Date _____