

MEDICAL TREATMENT CONSENT AND RELEASE

To whom it may concern:

I, _____ (print) give permission to representatives of the Covenant Orthodox Presbyterian Church, 1502 Snyder Street, Reading, PA 19601, to have my child/ward, _____ (print), treated at a hospital or by such other health care provider as such representative deems appropriate for any emergency medical condition. I hereby release Covenant Orthodox Presbyterian Church and its employees and representatives from any liability that might otherwise arise to it or them as a result of any health care treatment secured for my child/ward pursuant to this consent. This consent and release is applicable to the trip / event occurring on to

(Signature of parent or guardian)

(Phone Number)

Permission Slip

To whom it may concern:

I, _____ (print) give permission for my child _____ (print) to participate in youth group function to _____ (activity) on _____ (date).

Signature

Date