



# FREEDOM ROAD

## BIBLE CHURCH

850 State Route 52 Walden, NY 12586 845.778.4290 www.frbcnny.org

### *Parental Permission Form and Authorization to Administer Medical Aid*

Date: **September 28, 2024 (RAIN or SHINE!)**

Destination: **Various Locations**

Time: **9:00am – 2:00pm**

Cost: **FREE! (Lunch will be provided)**

### *Emergency Information*

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_

Parent/Guardian's Telephone: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Specify any allergies: \_\_\_\_\_ Specify any medication: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

I hereby give my permission for (*student*) \_\_\_\_\_ to travel in a vehicle operated by a NYS Licensed and Insured driver for the AMAZING RACE! I understand that the church staff will use their best efforts to supervise; however, I also understand the church staff is not responsible for loss of personal property or bodily injury. If I cannot be reached at the time of an emergency and if treatment is urgent in the judgment of the church staff and medical authorities, I authorize and direct the church staff members present to send my child (*properly accompanied*) to the hospital or the most easily accessible medical facility. I understand that I will assume full responsibility for the payment of any services rendered.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_