

Kirkwood United Church of Christ Permission/Release Form

I give my permission for _____ to go with Kirkwood U.C.C. to

_____ on _____
(Location/Name of Event) (Date)

I further authorize the advisor(s) to take any appropriate disciplinary action, including possibly sending my son/daughter/youth home at my expense, as well as make arrangements for whatever emergency medical treatment which may be necessary for my son/daughter/youth while on this trip. By signing I accept full responsibility for all costs incurred by such medical treatment.

Parent/Guardian's Signature _____

Date _____

