



Children's Religious Education
2016-2017 Medical Release and Information

I, _____, the parent or guardian of (child's full name)
_____ grade _____ give my consent for the advisors/teachers of
the Children's Religious Education Program of the Unitarian Society of Santa Barbara to take any
reasonable action, including any necessary medical treatment, to help ensure the safety, health, and
welfare of my child at any Unitarian Society of Santa Barbara sponsored event. This release form covers
all Unitarian Society-sponsored events your child may attend during the church year.

Signature of Parent/Guardian _____ **Date** _____

Does your child(ren) have allergies or need accommodations or support (physical, emotional, behavioral, social) to help them have a positive experience? Information will be shared with your child's teachers/caregivers unless you request otherwise. If no allergies or special needs, list "none."

Does your child have any health issues we should know about? Please note details.

Please list any medications taken by your child (all medications will be held and administered by the adult advisor/teacher during off-campus events):

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Doctor's Name	
Doctor's Phone	
Insurance Carrier	
Policy Number	

Emergency Contact (other than parent/guardian):

Name			
Phone	(cell)	(home)	(work)