



# **SOUTH NASSAU UNITARIAN UNIVERSALIST CONGREGATION**

**228 South Ocean Avenue, Freeport, NY 11520  
(516) 623-1204, Fax: (516) 771-9308**

**Rev. Nancy Palmer Jones, Minister  
Susan Nykolak, Director of Religious Education  
Paula Rosenberg, Youth Coordinator**

## **YEARLY PERMISSION SLIP FOR YOUTH GROUP ACTIVITIES**

I hereby  give  do not give my permission for my child/ward:

[name] \_\_\_\_\_

to participate in SNUUC-sponsored youth events during the course of the 2005-2006 Congregational school year,. In addition, this permission slip is to be used for the travel to and from those events.

I understand that SNUUC does not accept responsibility for any bodily injury incurred during travel to and from any event. I give my consent and authority for the Religious Education Staff (paid or volunteer) of the Congregation to take any reasonable action to help ensure the safety, health and welfare of my child/ward, and absolve the staff of liability. I give permission for any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed immediately necessary or advisable by emergency medical technicians, a physician or hospital to safeguard my child/ward s health when I cannot be contacted. I agree to be responsible for any medical expenses not covered by my insurance.

My child has the following allergies, dietary restrictions, or medical conditions:

\_\_\_\_\_ Medications \_\_\_\_\_

In case of emergency, I can be reached at (\_\_\_\_) \_\_\_\_-\_\_\_\_ or (\_\_\_\_) \_\_\_\_-\_\_\_\_  
If unable to reach me, please contact:

My child/ward s Health Insurance Company is: \_\_\_\_\_ # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_