

**CHRISTIAN SERVICE BRIGADE: STOCKADE UNIT #1953
TRINITARIAN CONGREGATIONAL CHURCH**

Medical Permission Slip: 2008 – 2009 (Please Print)

Boy's Name: _____ Tel. # (____) _____

Home Address _____

Family Doctor _____ Tel. # (____) _____

Emergency Contacts

Parent's Name: _____ Home # (____) _____ Work # (____) _____

Parent's Name: _____ Home # (____) _____ Work # (____) _____

Other Contact: _____ Home # (____) _____ Work # (____) _____

Health Ins. Co. _____ Policy # _____

Due to the active nature of the program, it is important that you identify any health condition about which the leaders should know.

Any medication taken regularly? _____ Epileptic seizures? _____

Bee Sting or other Allergies? _____ Diabetic Condition? _____

Heart condition? _____ Any restrictions on strenuous activities or other medical concerns for which leaders should watch? _____

I hereby give permission for my son to participate in any and all regularly scheduled activities of Stockade Unit #1953. I will not hold Trinitarian Congregational Church of Wayland, MA or the individual Stockade leaders liable for such accidents or injuries which may occur. I understand that in the event of an emergency, every effort will be made to notify me; however, in the event I am unable to be reached, I authorize whatever emergency medical procedures might be deemed necessary.

Parent's or Guardian's Signature _____

Date _____

Please Mail To: Daniel J. Forte, 24 Adams Lane, Wayland, MA 01778