

PERMISSION AND MEDICAL RELEASE FORM

March for Life Bus Trip

I hereby grant permission for the following minor to attend the Washington, DC March for Life on January 27, 2017.

I further grant permission for any necessary emergency medical aid should the minor suffer an illness or accident. I understand that in such an event a reasonable effort will be made to contact me by telephone at the number listed below for consultation.

I understand that People for Life does *not* provide chaperones and that if I deem any guidance or supervision to be necessary (beyond the basic instructions and advice that would normally be offered to an adult), it is my responsibility to arrange for the minor to be in the care, throughout this activity, of an adult that I will designate.

I hereby release People for Life, Inc. and its representatives from any liability in connection with this activity.

Full Name of Minor _____ Date of Birth _____

Name and Phone Number of Designated Adult _____

Number(s) to call in case of emergency _____

Insurance Company _____

Policy / Group Number _____

Primary Physician (name/address/phone number) _____

List specific medical conditions, allergies, chronic illnesses, current medications, etc.

(signature of parent or legal guardian)

(relationship to minor)

(date)

Parent or Guardian: Please complete and mail this form, with on original signature (not photocopied), to People for Life; P.O. Box 1126; Erie, PA 16512 or hand-deliver to People for Life; 1625 W. 26th St.; Erie, PA.

PEOPLE FOR LIFE, INC.

P.O. Box 1126

Erie, PA 16512

814-882-1333 (voice and text) ♦ 814-459-1333 (voice and fax)

office@peopleforlife.org