

# 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 19, 2018 and participate in People for Life Bus Trip to and from the March.

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 these activities, of an adult that I will designate.

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

Full Name of Minor \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name and Phone Number of Designated Adult (if applicable) \_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_  
*Print name of parent or legal guardian*

\_\_\_\_\_  
*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.***

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

office@peopleforlife.org