

# Permission and Health Form for Apple Picking on September 22, 2018

Old Fashioned Harvest Market  
United Church of Underhill  
Underhill, Vermont

You must have this form completed and signed by your parent or guardian to come apple picking.

Permission is hereby granted for \_\_\_\_\_ to participate in apple picking sponsored by the United Church of Underhill on **September 22, 2018**. **Please note that all drivers for this event will be adults.**

Youth name \_\_\_\_\_

Date of birth \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Persons to contact in case of emergency: [Two people available during the event]

1. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

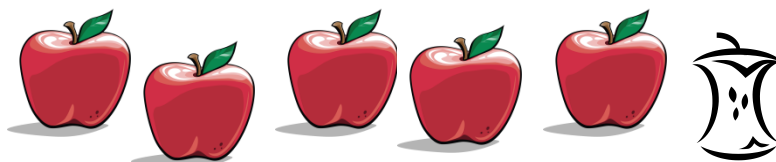
Allergies: \_\_\_\_\_

Current medications and dosage: \_\_\_\_\_

Conditions requiring special attention: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

As the parent or legal guardian of \_\_\_\_\_, I certify that the above information is complete and correct. I further authorize the adult leaders of the event to secure emergency medical treatment and other medical attention as deemed necessary by a licensed physician for my child, until I can be contacted. I further acknowledge that all costs associated with any medical treatment for illness or accident while at the youth event are my responsibility.



I have read and understand this form.

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

Date \_\_\_\_\_