

Local Ministry Travel Release Form

I give permission for my son/daughter, _____ to participate and be transported in any *off site* Maurice Reformed Church planned event happening within 75 miles of Maurice, IA.

I also give permission for my son/daughter to receive medical treatment in case of an emergency. I realize that the leader of the specific event will notify my in case of an emergency, but providing the appropriate insurance info below, will aid in the process, in case of said event.

Both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.

Parental/Guardian Signature

Date

Parental/Guardian Signature

Date

Home Phone Number

Cell or other Number

(Insurance Company)

(Policy)