

# Sunday Night Live

## 2020-2021 Permission and Emergency Care Form

I give \_\_\_\_\_  
permission to participate in any single-day Sunday Night Live activity.

Address \_\_\_\_\_

Email Address (that you check regularly) \_\_\_\_\_

During trips I can be reached at the following numbers:

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Alternate person to call \_\_\_\_\_

Phone# \_\_\_\_\_

Alternate person to call \_\_\_\_\_

Phone# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency or illness, I \_\_\_\_\_

give permission to Sunday Night Live leaders to take my child for emergency treatment.

My doctor is \_\_\_\_\_

Dr's# \_\_\_\_\_

Insurance carrier \_\_\_\_\_

Policy number \_\_\_\_\_

List of allergies or medical conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_