



CHILD & YOUTH OVERNIGHT TRIP CONSENT FORM 2018-2019

PARENT/GUARDIAN PERMISSION

I, _____, grant permission to _____ to participate
(Name of parent/legal guardian) (Name of child/youth)
with Alpha-Netta Presbyterian Church on the following event:

Dates of trip: _____

Destination of Trip: _____

Purpose of Trip: _____

Trip Leader: _____

PARENT/GUARDIAN CONTACT INFORMATION

During the trip I can be reached at the following telephone number:

FULL NAME PHONE NUMBER EMAIL ADDRESS

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MEDICAL INFORMATION (All information will be kept confidential)

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING THAT WOULD AFFECT THEIR PARTICIPATION?

- Medical/Educational Concerns: _____
- Allergies (if any): _____
- Does your child carry an epi-pen? Yes No
- Child's Physician _____
- Physician location/telephone _____
- Health Insurance Provider: _____
 - Member Number: _____
 - Group Number: _____
 - Phone Number: _____

In the event parents or physician cannot be contacted, the church representatives are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforementioned child.

I hereby promise and agree to hold Alpha-Netta Presbyterian Church free and harmless of and from all claims and suits brought by or on behalf of said child for or on account of emergency care and/or transportation of said child.

PARENT SIGNATURE _____ DATE _____