



# CHILD & YOUTH OVERNIGHT TRIP CONSENT FORM 2019-2020

## PARENT/GUARDIAN PERMISSION

I, \_\_\_\_\_, grant permission to \_\_\_\_\_ to participate  
(Name of parent/legal guardian) (Name of child/youth)  
with Alpha and Omega 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

\_\_\_\_\_  
FULL NAME PHONE NUMBER EMAIL ADDRESS

## 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 and Omega 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 \_\_\_\_\_