

**PERMISSION/MEDICAL RELEASE FORM**

I hereby authorize \_\_\_\_\_ to go on the following field trip:

\_\_\_\_\_

On the following date(s) \_\_\_\_\_

I understand the arrangements and feel that adequate precautions for the safety of my child, have been, and will continue to be taken. I will not hold **Church on the Sound** or its leaders (paid or volunteer) responsible for any accidents. I understand that my medical insurance will bear the cost of any injury to my child.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION**

This form must be signed by parent or legal guardian, and accompany the child on the trip. The purpose of this form is to make it possible for parents and guardians to authorize the provision of emergency treatment for MINORS who may become ill or injured while on the trip. You can authorize such emergency treatment for your child by completing this form.

I, \_\_\_\_\_ (Parent or Guardian)  
of \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_  
the \_\_\_\_\_ (Father, Mother, Guardian)  
of \_\_\_\_\_ (Name of child) a minor who is attending the Winter Retreat do hereby give my consent, in the event that the administration of any treatment is deemed necessary by licensed physicians, dentists or emergency personnel for my child.

Insurance Co: \_\_\_\_\_ Insurance #: \_\_\_\_\_

Signed: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's medical history: Good Health? \_\_\_\_\_ Allergies? \_\_\_\_\_

Specify any medication that must be administered: \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Any special instructions? \_\_\_\_\_

**FOR THE STUDENT:**

I agree to abide by all trip rules and regulations, and understand that failure to comply will result in my being sent home at my own expense.

Student Signature: \_\_\_\_\_

**FOR THE PARENTS:**

I hereby understand that discipline is the responsibility of the Pastor/Leader, and if he/she deems it necessary, my child may be sent home at my own expense.

Parent Signature: \_\_\_\_\_