

Permission Slip and Medical Release

This form must be completed and returned to the church minister
before any trip

Teen's Name _____ Phone # _____

Address: _____

I, _____, do hereby give my permission for my son/daughter/grandchild, _____ to go on any church trip. I release **Moline Church of Christ** and the sponsors of this event from liability for any accident that may occur during the event or while traveling to, from, and during youth trips. It is my understanding that these trips and activities are approved by the church and will be appropriately chaperoned by adult leaders and parents.

Additionally, in the event that my teen becomes ill or sustains an injury during one of these trips, I give my permission to those in charge to take the necessary steps in administering proper medical treatment. In the event that I cannot be reached by phone, I consent to the administration of treatment to be rendered to my teen upon the advice of a duly-licensed physician and/or surgeon.

I understand that I am giving permission for my teen to engage in these trips and all activities, and I will not hold the staff, Moline Church of Christ, or sponsors responsible for any incident occurring to my teen resulting from reasonable activities during these events.

Signature of Parent or Guardian _____

Relationship _____ Date _____

Phone # (Work) _____ (Home) _____ (Cell) _____

Primary Care Physician _____ Phone # _____

Prescribed Medication:

Name of Drug(s) _____

Dosage(s) _____

Known Allergies (please state all) _____

Date of Last Tetanus Shot (say none or guess) _____

Insurance Information:

Company _____

Group # _____ Subscriber ID # _____

If parent/guardian cannot be reached in case of emergency, please call:

Name _____ Phone # _____

Relationship _____