



medical information sheet

Waiver and Consent:

Youth activities and events contain the risk of serious injury and/or death. Even though such a risk exists, I hereby grant permission for my child to participate in Youth activities and events. I understand that supervision will be provided. I recognize, however, that unanticipated situations can arise on any trip, church-sponsored or otherwise, that are not reasonably within the control of the supervising adult(s). In the event of injury and/or death to my child as a result of participating in this field trip, I agree to release and discharge the sponsoring church, trip leader(s), and chaperone(s) from any financial, medical, or legal liability. I also agree to reimburse the sponsoring church, trip leader(s), chaperone(s), and vendor(s) for any monetary loss they might sustain as a result of my child's participation in this trip.

A waiver for each event must be signed, releasing my child for emergency care if needed.

My child will abide by the rules of this activity and if they do not, I will be called and asked to come pick them up.

Students must travel in church provided transportation (unless extenuating circumstances exist and the parent/guardian grant permission for the student to drive separately.)

Today's date: _____

Print name of child: _____

Child's birth date: _____ Grade: _____ Age: _____ M or F

Parent/guardian **signature**: _____

Printed name parent/guardian: _____

Emergency phone: _____ Home phone: _____

Insurance company: _____

Policy #: _____

Preferred Hospital (in the metro area): _____

Child's Doctor: _____ Tetanus booster date:

Child's Health Concerns (limitations, allergies, medications, etc.):

