

Permission Form
Authorization to Seek Medical Treatment and Contact Information

YOUR CHURCH NAME

EVENT DATES

I hereby grant permission for my/our son or daughter to participate in

(EVENT) _____ **on** (DATE) _____.

I have read all the paperwork and agree to the stipulations it outlines.

I/We represent that I am a legal guardian for:

_____ (referred to as "youth" or "child")

Name of Youth _____ **Date** _____

Parent (legal guardian): _____ **Date** _____

Parent (legal guardian): _____ **Date** _____

Authorization to Seek Medical Treatment

In case of physical injury or emergency, I/we authorize (YOUR CHURCH) _____ and any and all of the adult chaperones to take my/our child to the nearest medical facility and to obtain all treatment deemed medically necessary by the attending physician. I agree to be responsible for payments of any such visit and all medical treatment provided. I further authorize my church's adult chaperones to speak to both by child's primary care physician (information provided below) and the attending physician, as they may deem necessary, and I waive and release any claim of privacy, confidentiality, and/or medical privilege – including the privacy protections recently enacted by HIPAA. This authorization is limited to the dates of the above mentioned event and shall not continue beyond.

Signature of Parent/Guardian: _____ **Date:** _____

Print Name and Relation to Child: _____ **Date:** _____

Insurance/Medical Information

Insurance Company and Phone Number: _____

Insured ID# _____ Group# _____

Current medications: _____

Will your child be taken any type of medications during this week, if so, please indicate:

Allergies (food, medicine, or otherwise): _____

Does your child have any health conditions/or require special accommodations that will make his/her participation in the Activities unsafe to your child or to other participants or which the chaperones on this trip need to be aware of? Please explain:

Contact Information

Because the Activities of (EVENT) _____ will be taking place during the day and night, it is important that we be able to contact you at all times, in the event of an emergency or other event requiring your attention. Please provide all contact information.

Parent(s) Names(s): _____

Home Phone: _____ Cell Phone _____

Work Phone: _____

Emergency Contact in Case We Can't Get a Parent:

Name: _____ Phone: _____