

2011 –2012 PERMISSION FORM FOR YOUTH MINISTRY TRIPS AND EVENTS

My child, _____, may take part in field trips, retreats, mission trips, or any other excursions under appropriate supervision of a representative of Hiland Presbyterian Church.

(parent's or guardian's name) (home phone) (work phone) (cell phone)

(home address) (city, state) (zip code)

MEDICAL HISTORY AND INSURANCE INFORMATION

Physician _____ Physician's phone: _____

Allergies _____

Physical restrictions: _____

List of current medications and dosages: _____

Dietary restrictions (.e. if you are a vegetarian): _____

Date of birth: _____ Date of last tetanus shot: _____ SS #: _____

Emergency contact: _____
(name and relationship to participant) (phone)

Insurance Company: _____ Policy and Group #: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND LIABILITY RELEASE

I, _____, hereby authorize a representative of Hiland Presbyterian Church to give

consent for the medical treatment of my child, _____, in the event of illness or injury. I further release Hiland Church, its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from any church events and /or trips. In case of emergency, I understand that every effort will be made to contact me as a parent or guardian. In the event that I cannot be reached, I hereby give permission to the physician or medical professionals selected by the church representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as needed. In addition **DO / DO NOT** give permission to for my child's photograph to appear on the Hiland Youth Group web site or in any Hiland publication or audio/video tape of Hiland Youth Group activities.

(Signature of Parent or Guardian) (Date)