

2016 –2017 PERMISSION FORM FOR TWEENERS 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.

(Signature of Parent or Guardian) (Date)

MEDIA AUTHORIZATION

In addition, I **DO / DO NOT** give permission for my child's photograph to appear on the Hiland Web site and/or Facebook page or in any Hiland publication or audio/video tape of Hiland Youth Group activities.

(Signature of Parent or Guardian) (Date)

Hiland Youth Contact Information

Basic Information

Students Name: School: Grade:

Birthday: Age:

Mother: Father:

Address:

Home Phone: () - Mother's cell: () -

Father's cell () - Child's cell: () -

Please indicate the appropriate number we should use for texting to inform you of upcoming events or schedule changes. We have found this to be one of the quickest ways to inform students of changes in schedule. You may choose several numbers to text.

Email Contact Information

Family Email:

Mother's Email:

Father's Email:

Student's Email:

Please circle/highlight/underline the preferred email to be used. We use email frequently as well as put updates @www.hilandchurch.org and you can "like" us on FACEBOOK for updates as well.

*** Return this form to Chad Johnson in the church office ASAP***