

## 2017 –2018 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, I **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)

## **Hiland Youth Contact Information**

### **Basic Information**

Students Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's cell: (     )     -     Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (     )     -     \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_  
Parent 1 cell: (     )     -     Parent 2 cell: (     )     -     \_\_\_\_\_

Please indicate the cell number we should use for texting information about upcoming events or schedule changes. You may choose several numbers to text.

### **Email Contact Information**

Family Email: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Please circle/highlight/underline the preferred email to be used. We use email frequently as well post updates on our website @www.hilandchurch.org and FACEBOOK page.

### **Photo Release Form**

I give permission for photographs of the student listed above to be published on the website of Hiland Presbyterian Church. I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed. I also understand the photographs may be used in printed materials by Hiland for publicity purposes.

Guardian's name (print): \_\_\_\_\_ Guardian's Signature: \_\_\_\_\_

I am over 18, and I give permission for my image to be published.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

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