

From August 15,

2018

**VILLAGE PRESBYTERIAN
CHURCH**

6641 Mission Road
Prairie Village, KS 66208
913.262.4200

to August 14,

2019

PERMISSION FORM FOR YOUTH MINISTRY TRIPS AND EVENTS

My child, _____, may take part in mission trips, camping trips, ski trips, retreats and any other excursions under appropriate supervision of a representative of Village Presbyterian Church.

(parents' name(s))

(cell phone)

(home phone)

(work phone)

(home address)

(city, state)

(zip code)

PHOTOGRAPHY PRIVACY: Parents, please initial only if you do NOT ___ give permission for Village Church to use individual or small group pictures of your child for Village Presbyterian Church presentations and publicity. Pictures are used in our church newsletters, websites, flyers, and presentations. Pictures of individuals are not shared with other organizations without additional permission.

MEDICAL HISTORY FOR PARTICIPANT

Doctor: _____ Doctor's phone: _____

List of current medications and dosages (if none, write none): _____

Allergies (if none, write none): _____

Dietary restrictions (i.e. vegetarian, gluten free, etc.): _____

Physical restrictions, recent illnesses and/or surgeries (if none, write none): _____

Date of Birth: _____ Date of last tetanus shot (month/year is fine): _____

Emergency contact: _____
(name) (relationship) (best phone)

INSURANCE INFORMATION (please also attach a photocopy of your insurance card for hospital treatment)

Insurance company: _____ Employer/provider: _____

Policy number: _____ Group number: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND RELEASE OF LIABILITY

I, _____, hereby authorize a representative of Village Presbyterian Church to give consent for medical treatment of my child, _____, in the event of illness or injury. I further release Village Presbyterian 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. I further express my appreciation for the church, its staff, and the volunteers for giving of their time and resources to organize events and trips for youth. Furthermore, I understand that my child can be sent home for any reason. This documented authorization is effective for the individual(s) named above for the period of August 15, 2018 through August 14, 2019.

(Signature of Parent or Guardian)

(Date)