

Medical/ Permission Form

Students Name: _____
(Last Name) (First Name)

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Gender: _____ Birthdate: _____ \ _____ \ _____
(Month) (Day) (Year)

Students Cell Phone Number: (_____) _____ - _____

What activity/trip is this for: _____

Location of activity/trip: _____

Dates of activity/trip: _____

Emergency Contact Numbers

Name & Relationship: _____

Phone Numbers: (_____) _____ - _____

Name & Relationship: _____

Phone Numbers: (_____) _____ - _____

Please Answer the Following Questions

Is your child allergic to anything we might need to know? _____

Will your child be bringing any medication on this trip? If so what? _____

At what times will your child need to take this medication? _____

Is your child responsible for taking their own medicine OR would you prefer the medication to be left with a youth leader and they come see us for their medication?

I, _____ acknowledge and understand that my child must be respectful to all youth leaders as well as their peers. I give permission that my child is allowed on this trip and I understand if anything is broken while on this trip from my child that they may be responsible to cover the expense. I also understand if my child is being rebellious and not living to our code of conduct that they could be sent home.

Parent Signature

Date

Student Signature

Date