

First Congregational United Church of Christ
724 E. South River Street
Appleton, Wisconsin 54915
Phone: (920) 733-7393

PERMISSION FORM – DAY TRIPS

_____ has my permission to attend
NAME OF STUDENT
NOAH'S ARK on **Tuesday, July 15, 2008 (or raindate of Thursday, July 17, 2008).**
NAME OF EVENT Date

I will have my student at the church by 6:00 am and pick him/her up at 6:00pm.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and it's staff, volunteer chaperones, or adults who are 18 years of age or older, of any liability against personal losses of named student.

I, the undersigned, have legal custody of the student named above, a minor, and have given my consent for him/her to attend events being organized by the First Congregational United Church of Christ. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the First Congregational United Church of Christ, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the First Congregational United Church of Christ, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided below is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I agree to send my youth to this event only if he/she is in good physical condition. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the youth ministries staff member.

Signature of Parent/Guardian: _____ Date: _____

Number where I can be reached during this time: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Home Phone: _____
Address: _____ Work Phone: _____
Physician's Name: _____ Hospital/Clinic: _____ Phone: _____
Insurance Carrier: _____ Policy #: _____

ALLERGIES: (check those that apply & specify nature of allergic reaction)

____ Medications _____
____ Insects/Animals _____
____ Foods _____
____ Plants/Environment _____
____ Other (specify) _____

