

FIRST PRESBYTERIAN CHURCH OF SAN PEDRO

EVENT PERMISSION SLIP AND RELEASE FORM

To be signed by Parent or Legal Guardian and returned to the Event Leader *before* the event.

EVENT:

DEPARTURE:

RETURN:

Meeting and rides by prior arrangement.

Name of Participant: _____ **Date of Birth:** _____

Social Security Number: _____

EMERGENCY CONTACT

Name: _____

Phone Numbers: Home: _____ **Work:** _____ **Cell:** _____

Medical Insurer: _____ **Policy #:** _____

Doctor's Name: _____ **Phone #:** _____

Special Information/Allergies/Medications/Instructions:

Clothing:

Cost:

What to Bring:

We the parent(s)/guardian(s) of the above listed child/youth agree to waive all claims against the First Presbyterian Church of San Pedro and its agent(s), employees, volunteers, representatives and officers for any unexpected event/injury occurring during this trip. I give permission on behalf of my child to engage in all prescribed activities, except as noted. I will make sure my child understands and agrees to abide by the restrictions noted. If special medication is involved, I will instruct my child to take responsibility to go to the First Aid person at scheduled times.

Authorization for treatment: If I am unavailable in an emergency situation, I hereby consent for the Church Event Leader to administer First Aid to my child and/or to select medical personnel to order x-rays, routine tests, treatment, to release records necessary for insurance purposes and to provide and/or arrange necessary transportation for my child. I give my permission to the physician selected to secure and administer treatment, including hospitalization, for my child. I understand that health and accident insurance protection is my responsibility.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian name printed: _____

Detach here and retain for your records.

EVENT:

DEPARTURE:

RETURN:

Event Leader:

Home:

Cell: