

FIRST PRESBYTERIAN CHURCH OF NAPA
YOUTH TRIP PERMISSION FORM

ACTIVITY:

DATE OF ACTIVITY:

MINOR'S NAME: _____

MINOR'S ADDRESS: _____

MINOR'S PHONE #: _____

I, _____, the parent or legal guardian of the above-named minor, hereby give my permission for his/her participation in the youth activities named above. I agree to direct my child to cooperate and conform to directions and instructions of personnel responsible for the activities.

I agree that in the event my child is injured as a result of his/her participation in the above-named activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the activity or the church program, or any of its agents or employees; recourse for the payment of any hospital, medical, dental, or related costs and expenses will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physical, surgeon, and dentists licensed under the Medical Practice Act and Dental Practice Act. As parent or legal guardian, I am responsible for the health care decisions of my child and am authorized to consent to services to be rendered, and no other consent is required by law.

I hereby give permission to the physician selected by the activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist.

PARENT or LEGAL GUARDIAN SIGNATURE DATE

PRINT NAME of PARENT or LEGAL GUARDIAN DATE

Daytime Phone: _____ Cell Phone: _____

Contact Person (other than parent): _____

Daytime Phone: _____ Cell Phone: _____

Name & Phone of Primary Doctor: _____

Health Plan & Policy Number: _____

Allergies or Medicine Allergy: _____