



# CHURCH/SCHOOL EVENT PERMISSION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION  School  Church Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## CONTACT PERSON

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## TO BE COMPLETED BY SPONSORING CHURCH OR SCHOOL

Event: \_\_\_\_\_ Location: \_\_\_\_\_

Church or School: \_\_\_\_\_

Date of event: \_\_\_\_\_ Departure date: \_\_\_\_\_

Departure time: \_\_\_\_\_  AM  PM Return date: \_\_\_\_\_

Estimated time of return: \_\_\_\_\_  AM  PM Mode of transportation: \_\_\_\_\_

## TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex:  Male  Female

Female

### *Person(s) to notify in case of an emergency:*

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (foods, drugs, insects, etc.): \_\_\_\_\_

Medications (name, dosage, reason): \_\_\_\_\_

Other information (injuries, special needs, etc.): \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Group or ID#: \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, give my permission for \_\_\_\_\_ (Parent/Legal Guardian) (Child) to take part in the above off premises event and authorize the Church/School to provide transportation to and from the event.

I also authorize the Church/School and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for payment for those services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_