

TRIP PERMISSION SLIP & MEDICAL CONSENT FORM & PHOTOGRAPHY RELEASE



Parents: Please complete and return as soon as possible.

Child's Name: _____ Age: _____ DOB: _____ M F

Address: _____

Event: _____ Event Location: _____

Event Date(s): _____ Cost: _____ Transportation: _____

Departure: Meetup: _____ am/pm Depart Time: _____ am/pm Location: _____

Arrival: _____ Arrival Time: _____ am/pm Location: _____

Sponsor/Club: _____

Permission to Travel

My child has my permission to go on the aforementioned trip. I understand the arrangements and give permission for my child to attend. I also agree to indemnify and hold harmless the Washington Conference of Seventh-day Adventists, its employees, representatives, agents and sponsors from liability arising from any accident or injuries occurring during this trip, including any injury due to negligence on the part of those mentioned above. This does not include gross negligence on the part of those mentioned above, nor does it waive coverage within the policy limits of church accident insurance, which covers church-sponsored activities. This permission recognizes the shared responsibility amongst the church, student and home.

(Signature of Parent/Guardian) (Date)

Permission to Treat

I hereby give permission to the medical provider selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injections or surgery for my child. A photo copy of this shall be as valid as the original.

(Signature of Parent/Guardian) (Date)

Please check if any of the following apply:

- _____ My child needs medication.
(Parent/guardian is required to furnish medication in the original, properly labeled and correctly authorized container.)
- _____ My child is allergic to insect bites to the extent that he/she needs medical treatment.
- _____ My child is allergic to (medications or other): _____
- _____ My child has special dietary requirements: _____
- _____ My child has other special conditions you should be aware of, listed on the back of this form.

Photography Release

We sometimes photograph campers, and staff for promotional purposes. Your presence at this event grants us permission for our use of these images.

(Signature of Parent/Guardian) (Date)

During the trip, I can be reached at the following number(s):

Mother's Name: _____ Father's Name: _____

Mother's Phone: _____ (home) Father's Phone _____ (home)

Mother's Phone: _____ (cell) Father's Phone _____ (cell)

Emergency Contact: _____ Phone Number: _____

Family Physician: _____ Phone Number: _____

Insurance Name: _____

Insurance Policy Number: _____ Group Number: _____