

Permission & Medical Release Form

_____ has my permission to participate and I hereby agree to hold harmless the Trinitarian Congregational Church and its agents and employees from any claim for personal injury or loss of life or property arising from participation in **2017 - 2018 Voyagers on or off-site programming events and activities.**

While I understand that the Trinitarian Congregational Church will take every precaution for safety, I realize that accidents do sometimes happen. I hereby release Trinitarian Congregational Church, its staff and its volunteers from any liability should an accident occur. If transportation is required, I understand that it will be provided by commercial bus and driver; by rental van or in private vehicles with volunteer drivers ages 21 years or older.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information

Parent's Name: _____ Phone: _____

Parent's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Child's Medical Information

Do chaperones have permission to secure emergency medical care? _____

Health Insurance Provider: _____ Provider Number: _____

Any specific medical issues / allergies to be aware of: _____

Medication to be used or to be avoided: _____

Medications currently being taken: _____

I am aware that if any of the above information changes, it is my responsibility to let Carrie O'Brien know so she can update my child's record.

Parent's Name (Print): _____

Parent's Signature: _____

Date: _____