

I give(youth name)_____ permission to attend(event name)_____ on(date of event)_____.

In the event that _____ is injured, ill or requires the attention of medical personnel, I agree to permit him/her to be transported in a private or public vehicle. I also give permission, under such circumstances, to the medical personnel selected by Michelle Schluttenhofer (as the Youth Director) to order x-rays, routine tests or treatment selected or other health care personnel, to hospitalize, secure proper treatment for and to order injection(s) and/or anesthesia and/or surgery for this Patient.

Signature (Parent/Guardian of Youth)

Date:

****Michelle Schluttenhofer and/or First Christian Church will not be held responsible for personal items that are lost, stolen or broken during participation on this trip.**

Please copy your card or send it with your youth if possible.

Insurance Information:

Carrier_____ Policy/Group#_____

Emergency Contact Information:

Participant Covenant: I promise to participate to the best of my ability during this youth trip to(event name)_____ and to treat other participants/ leaders with kindness and respect. I also promise not to smoke, drink alcoholic beverages, use illegal drugs or exhibit any immoral conduct.

Signature of Participant_____ Date:_____