

First Presbyterian Church
TRIP PERMISSION FORM

The Great Escape - July 26-30, 2019 – Ocklawaha, FL

_____ (Student's name) has my permission to travel with First Presbyterian Church of Fort Lauderdale to Ocklawaha, FL. We will be traveling by coach bus. The dates of travel are July 26 – 30, 2019.

So that we have no misunderstanding before we depart, please read and sign the attached forms:

1. Trip Permission Form (Parent/Guardian and Participant); must be notarized
2. Medical Authorization and Release Form (Parent/Guardian)
3. Participant Medication Sheet (Parent/Guardian)
4. Participant Health History (Parent/Guardian)
5. Please attach two (2) copies of your health insurance card

To our participants:

1. Your demeanor, attitude, appearance, dress and behavior shall be indicative of the fact that we are a church group and ambassadors of First Presbyterian Church.
2. If you bring, obtain, or consume any illegal (including a prescription prescribed for another person) drug, marijuana, alcohol, or tobacco/vape, your trip will be terminated and arrangements will be made for your departure at your expense. Violation of this rule could jeopardize future travel and/or college scholarships with First Presbyterian Church.
3. All bags and personal belongings are subject to random searches and your signature below serves as your agreement to same and to the confiscation of any materials, personal property or substances deemed a concern to the church staff member in charge of the trip at his/her sole and absolute discretion.
4. Curfews will be determined by the staff member in charge of the trip and will be enforced accordingly. Each person will be expected to stay in his/her assigned room (boys are not to go into girls' rooms and vice versa).
5. Each person is expected to respect the property and belongings of others.
6. We can't list every potential offense. So use common sense when deciding your actions. You have received and read a copy of the Youth Ministry Policies and Guidelines Handbook, and you have agreed to follow and abide by these guidelines. These guidelines will be followed, so please review the guidelines prior to our trip.
7. The final word on all disciplinary actions taken will lie with the church staff member in charge of the trip, after consultation with the volunteers.

Participant's Name: _____
(please print)

Participant's Signature: _____ Date: _____

Parent Name: _____
(please print)

Parent Signature: _____ Date: _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2018 by _____, who is personally known to me or who has produced _____ as identification.

Notary Public/Commissioner of Oath

Print Name: _____

My commission expires:

Financial Responsibility

I acknowledge:

1. The Participant has permission to participate in all activities and programs on this trip.
2. I accept financial responsibility for any damage caused by my participant when it is determined in the sole and absolute discretion of the Director of Youth Ministry to be the result of malicious or intentional actions on the part of my participant, or the result of failure to obey the rules of the trip.
3. I assume all risk of destruction, theft, damage or loss to all personal property (including electronic devices) my participant takes on the trip.
4. I hereby release First Presbyterian Church and its staff and volunteers from any and all claims, judgments, costs of expenses arising out of injuries or harm which may be incurred by participant while traveling on this trip.
5. The Participant will abide by the rules and regulations stipulated by First Presbyterian Church of Fort Lauderdale, including those outlined in the Youth Ministry Policies and Guidelines Handbook.
6. If, during this trip, it is the opinion of the staff or volunteer to seek medical/hospital consultation or treatment of a participant, I hereby authorize such consultation and/or treatment as deemed necessary. I authorize the medical provider to directly bill our insurer.
7. To pay all costs necessary to transport participant home (or to pick participant up) if participant does not abide by said rules and regulations.

Medical Authorization and Release

I, the undersigned parent/guardian of _____ (Participant), do hereby release FIRST PRESBYTERIAN CHURCH OF FORT LAUDERDALE, INC, from any and all liability for the mishap, injury to, or death of _____ (Participant), our minor child, during or occurring as a result of the trip.

If a health care provider determines that our child must have medical treatment before it is practicable to contact a parent/guardian, I hereby authorize, appoint, and empower FIRST PRESBYTERIAN CHURCH OF FORT LAUDERDALE, INC, and the church staff member in charge of the trip to authorize such medical treatment, including consent to any X-ray examination and anesthetic, medical or surgical diagnostic test or treatment, and hospital care deemed advisable by and rendered under the general or special supervision of any physician of any hospital or medical center.

After taking initial action to seek necessary medical treatment for the affected participant while exercising his/her best judgment as to the welfare of the participant, FPC (the Director of Youth Ministry or staff member in charge of the trip or designated volunteer) will use its/his/her best efforts to communicate with the parent/guardian concerning continued medical treatment as necessary. In the event that such communication is not possible, I understand that the Director of Youth Ministry will continue to exercise his/her best judgment as to the welfare of the participant in seeking medical treatment and/or attention for the welfare of the participant.”

I hereby authorize any hospital, medical center, or medical provider to discharge our minor child and surrender physical custody of our minor child to the FIRST PRESBYTERIAN CHURCH OF FORT LAUDERDALE, INC staff member in charge of the trip. I hereby release any such facility for liability arising out of the surrender of physical custody of my minor child to the staff member.

Parent Name: _____
(please print)

Parent Signature: _____ Date: _____

First Presbyterian Church Medication Sheet - CONFIDENTIAL

Please complete the form below to let us know which medications your students will bring on this trip. For privacy, please return the form in a sealed envelope.

Trip Name: _____

Trip Dates: _____

Student Name: _____

Parent Name: _____

Home Phone: _____

Cell Phone: _____

Parent Signature: _____ Date: _____

Check all that apply:

_____ I am not sending any medication

_____ I am sending daily medication

_____ I am sending "just in case" medication

1. Medicine must be in the original container with the student's name, dosage, and ordering physician's name on it. Please send only enough medicine for this trip.
2. Please put all containers in a ziplock bag with the student's name on the bag.
3. Please outline any directions on the back of the paper.
4. For Middle School Students: A chaperone will hold all medicine for the students; however, the students are responsible for the administration of their personal medicine. For High School Students: High School students will keep their medication bags and are responsible for the administration of their personal medicine. No medication is to be shared.

ALLERGIES:

Medicine:

Food:

Other:

Other Health Information:

**First Presbyterian Church
Participant Health History - CONFIDENTIAL**

Student Name: _____

Parent Name: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact: _____

(other than a parent) Name Number Relationship

Participant's Birthdate	
Immunizations current?	
Date of Last Tetanus Shot	
Prior surgeries (Type, Date of surgery)	
Allergies to Medication?	
Medications currently taking	
Allergies to Food?	
Allergies to Other?	
Name/Number of Doctor	
Name/Number of Dentist	
Health Insurance Company	
Policy Number	
Group Number	

Please attach two copies of your health insurance card.

First Presbyterian Church Transportation Waiver and Release Form

Youth Participant: _____

Parent(s)/Guardian(s): _____

Activity/Event: _____ **Effective Date(s):** _____

Youth are required to travel on church provided transportation to all out of town church-related trips and events. However, at certain times, parents may transport youth or a youth may drive himself/herself. By signing this permission and release form, I understand the inherent risks and liabilities involved in the transportation of youth and agree to the following:

1. The Youth and Parent/Guardian are required to notify the Director of Youth and College Ministry that they will be providing their own transportation and/or the transportation of another youth at least 48 hours in advance of the church-related activity.
2. If the Director of Youth and College decides that self-transportation for this particular event is inappropriate, the youth and parent agree that the youth will use the transportation provided by the church.
3. It is understood and agreed that a youth will not transport any other youth in his/her vehicle without a release form signed by their parents as well as the parents of the other youth.

RELEASE

As the Parent/Guardian of Student and by my signature below, I recognize that the driver (youth or the staff/volunteer, as applicable) will be the primary insurer in the event of personal injury, death, or property loss. By signing below, Parent/Guardian and Youth agree to hold First Presbyterian Church of Fort Lauderdale, and its employees, staff, officers, and volunteers harmless from and against any and all liabilities, claims, suits, damages, injury or death or persons, damage to or destruction of property, fees, costs and expenses whatsoever (including reasonable attorneys' fees and court costs), arising out of, resulting from, pertaining to, attributed to, or in any way relating to Youth being transported by himself/herself or the driver, as applicable. This document also evidences my waiver and release of all and any claims, damages, liabilities, actions, costs, or expenses which I or Youth may have against First Presbyterian Church of Fort Lauderdale arising in any way out of Youth's travel to/from the school-related activities. The types of claims hereby released include contract claims, statutory claims, and torts of any kind, negligence, intentional acts, economic and non-economic damages, expenses, costs, insurance claims, attorneys' fees, or any other type of claim. If Youth violates any of the provisions of this release form, he/she forfeits the right to drive to and from church-related activities.

I have carefully read this form and fully understand its contents and voluntarily consent to terms and conditions.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



GUEST CONSENT RELEASE FORM FOR OUTSIDE GROUPS USING YOUNG LIFE CAMP

NOTE TO GUEST: Young Life wants your experience at the Young Life camps to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information.

Name Last First Middle Initial

Birthdate Age Sex

Spouse/First Emergency Contact Last First Middle Initial

Home Address Street and Number City State/Province Zip/Postal

Business Address Street and Number City State/Province Zip/Postal

Phone Number Home Business

Second Emergency Contact Last First Middle Initial

Home Address Street and Number City State/Province Zip/Postal

Business Address Street and Number City State/Province Zip/Postal

Phone Number Home Business

Any allergies or other medical needs?

Name of Physician Last First Middle Initial Phone Number

Address Street and Number City State/Province Zip/Postal

I have had a physical within the last 24 months.

Medical Insurance Company Policy Number

Address Street and Number City State/Province Zip/Postal

INDEMNITY AND CONTRACT AGREEMENT:

I will not hold or attempt to hold Young Life liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from my physical injury, including death, or illness while at the Property. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. To obtain a copy of Young Life's Notice of Privacy Practices, log on to www.younglife.org or call (719) 381-1950.

I verify that I am in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health. In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. I recognize that any medical treatment that is provided to me while attending a Young Life camp will be paid for by my medical insurance company.

WAIVER AND RELEASE

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

Signature Date

Name of Your Group/Church Dates of Event