
**CHURCH/SCHOOL
EVENT PERMISSION FORM FOR STUDENT/YOUTH**

TO BE COMPLETED BY SPONSORING CHURCH/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

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 this 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.

Child's name _____ Date of birth _____ Sex Male Female

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries, special needs, etc.) _____

Insurance carrier _____ Group or ID# _____

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

Name _____ Phone 1 _____ 2 _____

Name _____ Phone 1 _____ 2 _____

Name _____ Phone 1 _____ 2 _____

Family physician _____ Phone _____

Parent/Guardian Signature

Date

THIS FORM TO BE KEPT ON FILE BY CHURCH/SCHOOL FOR THREE YEARS
