

Woodson Chapel Youth Ministries Emergency/Permission Form

Name: _____

Address: _____

Parents'/Guardians' name(s): _____

Address (if different from above): _____

Home phone: _____ Work phone: _____ Cell phone: _____

Notify in emergency (other than parent/guardian): _____

Phone: _____

Address: _____

Medical Information

Allergies: _____

Medications being taken: _____

Name of insurance company: _____

Policy #: _____

As parent or guardian, I hereby give my approval and consent for _____ to attend _____ from _____ to _____. In consideration thereof, I hereby relieve Woodson Chapel Church of Christ and all adult chaperones on said trip my child is attending from any and all liability for sickness, accidents, or injuries of any nature of cause whatsoever while attending, coming to, or leaving said trip. In case of an emergency illness of my child demanding immediate attention by a doctor to save his/her life, and the adult chaperones could not reach me by phone, I give my consent for the group leader in charge and/or adult chaperones to authorize the doctor to do what he/she deems necessary to save the child's life.

Parent Signature: _____

WE WILL ALSO NEED A COPY OF YOUR INSURANCE CARD