

Paseo Homeschool Field Trip Permission Form 2016-2017

Last Name: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Name and Phone Number: _____

Emergency Name and Phone Number (other than parent): _____

Child's Name: _____

Birth Date: _____ Age: _____ Grade: _____

Special medical conditions/Allergies and any medication currently using: _____

Child's Name: _____

Birth Date: _____ Age: _____ Grade: _____

Special medical conditions/Allergies and any medication currently using: _____

Child's Name: _____

Birth Date: _____ Age: _____ Grade: _____

Special medical conditions/Allergies and any medication currently using: _____

Child's Name: _____

Birth Date: _____ Age: _____ Grade: _____

Special medical conditions/Allergies and any medication currently using: _____

Child's Name: _____

Birth Date: _____ Age: _____ Grade: _____

Special medical conditions/Allergies and any medication currently using: _____

Child's Name: _____

Birth Date: _____ Age: _____ Grade: _____

Special medical conditions/Allergies and any medication currently using: _____

Last Name: _____

Medical Information

Insurance Provider: _____

Hospital Preference: _____

Physician's Name: _____ Phone: _____

Address: _____

Emergency Authorization

I the undersigned parent of the above named child/children, a minor/minors, do hereby authorize the leadership of the Paseo Homeschool Group to act on my behalf when I cannot be contacted, in case of an emergency, resulting in the need of medical attention including any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care that is rendered under supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital for my child/children named above.

Further, as parent of the minor/minors named above, I do hereby expressly consent that my child/children may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, although every effort will be made to contact me, and do further agree to hold blameless any physician, hospital or other medical center for such services.

I also agree to hold harmless New Covenant Church and/or Paseo Homeschool Ministry and its leadership from any accident as a result of my child's participation in its activities. Furthermore, I agree to reimburse New Covenant Church and/or Paseo Homeschool Ministry for any and all medical expenses related to the treatment received.

Parent Signature _____ Date _____