

Consent, Medical Authorization, and Partial Release

For _____
Name of Trip Date

I, the undersigned parent or guardian of _____ (hereafter my child), give permission for my child to participate in the above North Wilkesboro Presbyterian Church Youth Group activity. I also authorize the adult leaders of the activity to authorize any necessary medical treatment for my child. I also release the North Wilkesboro Presbyterian Church and the adult leaders, advisors, and chaperones from all liability for any injuries, claims or damages related to the trip to the extent that their liability is not covered by insurance.

Parent or Guardian

Date

Child's Name: _____ Age _____ Date of Birth _____

Address: _____
City State Zip

Phone #: _____ Emergency Phone #: _____

Social Security #: _____

Medications (currently using): _____

Allergies (food or medicine): _____

Insurance Company: _____

Policy Name or #: _____

Family Doctor: _____ Phone # _____