

PARENT PERMISSION SLIP

Name of Student: *(Please Print)* _____

Name of Parent/Guardian: *(Please Print)* _____

Address: _____ Phone: _____

I, the parent or guardian of the above named student, give my permission for my child to participate in Crossroads Youth Trip:

Dates of _____ Trip:

There will be several offsite activities throughout the week. Transportation will be provided by Crossroads Church.

Medical Information and Release

The following special health problems concerning my child should be noted

– If none, please check “none”;

Heart condition Allergy (specify below whether food, bee sting, etc.) Asthma Hemophilia

Diabetes Other None

Describe condition noted above with particularity, including any medications or other instructions:

In the event of a medical emergency, I hereby authorize the teacher/chaperone attending to my student on the trip to secure medical attention or hospitalization for my child.

Child's physician: _____ Physician's phone number _____

Parent/Guardian contact numbers: (Home): _____ (Work): _____

(Cell): _____

Alternative emergency contact: _____ (phone) _____

Relationship to child: _____

I understand that Crossroads United Methodist Church does not provide medical insurance for my child for purposes of this event, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my child that are not covered by insurance.

I have read the information, verifying its accuracy, and agree to the statements made above:

Parent/Guardian Signature

Date