

Permission and Medical Consent Form

Participant's Name _____

Parents' Names _____

Home Phone # _____ Cell Phone # _____

Address _____

City and Zip _____

I give permission for my above named child to join Midway Community Church for the Winter Retreat from February 15, 2019 to February 18, 2019.

I understand that my child will be traveling with the group in vehicles driven by agents of Midway Community Church.

I hereby release Midway Community Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I hereby authorize the adult chaperones of the trip to make emergency medical care decisions on behalf of my child. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, medical or surgical diagnosis or treatment, and hospital care.

Signature of natural parent or legal guardian

Date _____

Emergency Phone Number _____

MEDICAL INFORMATION

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

Medical Insurance Company _____

Policy Number _____

Member's Name _____