

# 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 # \_\_\_\_\_