PERMISSION SLIP FOR TRIPS AND AUTHORIZATION FOR MEDICAL CARE

I, hereby, give my permission for _____ to be a part of the Rising Fawn Baptist Church trips and activities for the entire year of 2015. I understand that in case of an accident or injury that the church, driver, and the group leader cannot be held responsible.

I understand that my signature grants my authorization for medical aid to be administered by a licensed physician or paramedic should an accident or injury occur. My child is covered by our insurance company.

_____ _____

Parent or Legal Guardian's Signature Date

Parent(s) Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (____)_____Home (____)_____Work

Name of Insurance Company _____

Policy/Identification Number _____

Group Number _____

List all allergies (including food) and other vital medical information:

_____

_____

_____

Date of Last Tetanus Shot _____

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