

REGISTRATION and PERMISSION SLIP for the Senior High Mission Trip

Pittsburgh, PA

August 7 – 12, 2016

FOR OFFICE USE
Deposit Received \$
Date:

PERSONAL INFORMATION

NAME BIRTHDATE AGE

ADDRESS CITY STATE ZIP

SCHOOL GRADE COMPLETED

PARENT/GUARDIAN NAME

PARENT/GUARDIAN PHONE home: work: cell:

PARENT/GUARDIAN EMAIL

MEDICAL INFORMATION (we will also need a copy of your insurance card)

INSURANCE AGREE/GROUP#

GUARANTOR

Prescription Medications

Allergies (food & drug)

Other medical conditions

I give my child permission to take Advil/Tylenol (circle one) for relief of headache/fever/menstrual cramps. Parent/Guardian Initials

I give my child permission to participate in the ELPC Senior High Mission Trip and is permitted to be transported on this event with an authorized driver appointed by the church.

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the East Liberty Presbyterian Church youth workers the permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by the youth workers. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I absolve the youth workers and East Liberty Presbyterian Church from liability in acting on my behalf in this regard, so long as the youth workers are not grossly negligent. I understand I am responsible for any costs incurred for the medical care of my child.

If for ANY reason my child is unable to complete the planned stay on the trip, I assume full responsibility for expenses incurred for my child's return home.

If you have any questions, please feel free to call Sara Hackett, at 412-673-2926.

Parent/Guardian Signature

Phone No.

Emergency Contact #1

Phone No.

Emergency Contact #2

Phone No.

