

SINGLE EVENT

PARENTAL CONSENT AND MEDICAL INFORMATION FORM

Trip Destination: _____ Trip Date: _____

Student's Name _____

Address _____ City _____ Zip _____

Home Phone () _____ Birthday ____/____/____

Parent/Guardian _____ Phone () _____

Place of Work _____ Phone () _____

MEDICAL INFORMATION:

Does your teen have any allergic reactions? Please list.

Is there any medical information we should have concerning your teen?

ALL MEDICINE MUST BE TURNED OVER TO THE SPONSORS BEFORE LEAVING!

EMERGENCY NUMBERS:

Emergency contact Name _____ Phone () _____

Doctor's Name _____ Phone () _____

Insurance Carrier _____ ID # _____

Phone () _____ other numbers/info _____

*Attendance at all outings is a privilege contingent upon the cooperation of each young person. Immanuel Baptist Church is a Christian organization, and Christian standards of conduct, dress and attitude are expected from each teen.

I GIVE MY CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE ON THE TRIP WITH IMMANUEL BAPTIST CHURCH. When it is deemed necessary for my son/daughter's health, the leaders may have my son/daughter hospitalized or use outside medical, surgical, or dental aid, in which case I shall pay for all such expenses. I shall in no way hold Immanuel Baptist Church or its representatives responsible for any financial obligation.

Parent/Guardian _____ Date ____/____/____