

FIELD TRIP PERMISSION FORM

I give my permission for _____ to go on a trip with
The Piedmont Road Church of Christ Youth Group.

The trip will be on _____.

We will be leaving at _____.

We will be going to _____.

Parent's signature _____

I hereby give my permission to seek immediate medical attention for
_____.

Parent's signature _____

Date _____ Date of Birth: _____

Students Name: _____ S.S. # _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of accident or illness needing medical attention in which the parents or legal guardians cannot be located and/or contacted, I hereby authorize The Piedmont Road Church of Christ Youth Group administration to seek emergency medical care for _____ at the nearest or most appropriate medical facility. I also give permission for that facility's assigned physician to evaluate and treat the condition. I understand that I will be totally responsible for any and all emergency room and/or related fees incurred by this treatment.

Home: _____
Office: _____
Mobile: _____

Signature of Parent or Legal Guardian Emergency Telephone Numbers

S.S. #-Father or Legal Guardian S.S. #-Mother or Legal Guardian

Billing Address

Insurance Company Policy Number

Allergies: _____
