

WEST RIDGE CHRISTIAN COMMUNITY PERMISSION FORM

My child, _____ has my permission to accompany the youth group to _____ on _____.

I am familiar with the mode of transportation, the leadership accompanying the group, and other circumstances of the trip. I certify that my child is in good health and can participate on all normal activities of the group. Listed are any health concerns regarding my child (diabetes, history of epilepsy, allergies, etc. - including medicine) _____

I understand that reasonable measures will be taken to safeguard the health and safety of the group and that I will be notified as soon as possible in an emergency. In case of sickness or accident I authorize the treatment by a qualified and licensed medical doctor including hospitalization if necessary at my expense. I will not hold the group leadership, youth director, West Ridge Christian Community, its employees or agents thereof responsible for any claims of damage arising out of my child's participation in this activity.

Name, address and phone number of alternate person in case I cannot be reached in an emergency: _____

Medical Insurance Company: _____

Policy Number: _____

This form is completed and signed of my own free will.

Signature: _____
(Parent or Legal Guardian)

Address _____