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| Offsite Activity Form | | | |
| PERMISSION FORM / EMERGENCY INFORMATION | | | |
| Please complete this form prior to your child attending the offsite activity. This information is necessary should we need to contact you while we are away. No person will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will accompany the activity leader on the trip. | | | |
| Permission is granted for:  (Name of child) PLEASE PRINT | | | |
| PARENT/GUARDIAN INFORMATION: | | | |
| Parent/Guardian Name: | | | |
| Address: | | | |
| Phone #: | | Emergency Phone #: | |
| Please provide the information requested below, as it may be needed in case of an emergency.  Child’s Date of Birth: | | | |
| Allergies: | | | |
| Conditions requiring special consideration (medical/physical): | | | |
| Does your child require (A) **Epipen** Yes □ No □ (B) **Inhaler** Yes □ No □ (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): | | | |
| Please be sure to speak to the leader before the activity date regarding any medications or special needs your child may have. THIS INFORMATION WILL REMAIN CONFIDENTIAL.  CONTACT INFORMATION FOR THE DAY OF THE ACTIVITY ONLY: | | | |
| Primary contact name | | Relationship to child: | |
| Phone #: | Work Phone #: | | Mobile #: |
| **TO ANY DOCTOR OR HOSPITAL:** I hereby authorize the release of my child’s pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip. | | | |
| I acknowledge that the activity described in the schedule can be hazardous and that my child participates at his/her own risk. I understand that the church will take reasonable steps to provide a safe environment for my child and to ensure that all equipment supplied by them for the activity and modes of transport are of a reasonable standard. I acknowledge that the church will not be liable for any injury that may be suffered by my child, which arises either directly or indirectly from, or in connection with, the activity described in the attached schedule.  I hereby agree to indemnify the church against any and all claims arising from, or in connection with, any injury that may be suffered by my child, or that my child may cause to another person, as well as any loss or damage to property, equipment or personal effects belonging to my child, or any other person, arising either directly or indirectly out of or in connection with the activity described in the attached schedule.  I agree that the church may authorize on my child’s behalf whatever medical treatment he/she may require (this includes, but is not limited to, ambulance attendance and hospital treatment) and I agree to pay all medical expenses incurred   |  |  | | --- | --- | | Signed: | Date: | | | | |