

Parental Permission Form

Student's Name: _____ Age: _____ Birth date: _____

Address: _____ City: _____ State: _____ Zip: _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____, to participate in the trip to (Camp Berea) in (Hebron, NH) sponsored by Windham Presbyterian Church (WPC), (Jan 20-22, 2012). We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons, disciplinary reasons, or otherwise, the undersigned shall assume all transportation costs. We (I) understand that there are certain inherent risks involved in activities such as this. We (I) hereby assume all risks and agree to hold harmless WPC and all leaders for any injury or damage, which may result from accident or mishap. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Windham Presbyterian Church.

X _____ Date: _____
(Parental/Guardian Signature)

Hospital Insurance: Yes/No (circle one)

Insurance Company: _____ Policy #: _____

Emergency phone number(s): _____

Medical Information

Allergies: _____

Limitations: _____

Medications: _____

Permission to give: Tylenol: yes/no
Advil: yes/no
Benadryl: yes/no