

Church School Trip Permission Form
September 2011 — June 2012

Name: _____ Grade: ___ Telephone: _____

Address: _____

Name of person to contact in an emergency : _____

Telephone: _____ Relationship to Youth: _____

Name of alternate person to contact in an emergency: _____

Telephone No. _____ Relationship to Youth: _____

Participant's Primary Insurance Carrier: _____

Policy No: _____

Please indicate any new or additional medical information: _____

I give my child, _____, permission to go on church school trips as notified. If I cannot be reached, I authorize designated church school staff to sign for any emergency medical treatment that may be needed, including surgery and anesthesia.

I, the undersigned parent/guardian agrees to indemnify and hold harmless the Congregational Church of Amherst, NH and all of its employees and volunteer youth group leaders and other persons authorized to assist with the program from damages resulting to my child treated for emergency medical or dental problems and from any injuries sustained from participating in the program. Further, I agree to have my child treated for emergency medical or dental injuries provided that such treatment is advised by a licensed physician or dentist authorized to attend to my child. I accept full responsibility for all costs for any such treatment.

Parent/Guardian

Date

Permission slips are necessary any time church school students leave church grounds. On the occasion of such an activity, destination, date and time will be listed below and parents will be asked to initial that information indicating their permission.

Date	Time	Place	Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____