

OPPORTUNITIES FOR YOUTH

Christ Episcopal Church Youth Group
120 S. New Hampshire
Covington, LA 70433
985-892-3177 Fax 985-892-3187
www.christchurchcovington.com

Permission Form

Destination _____

Date _____ Time Leave _____ Time Return _____

Additional Info _____

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CONSENT TO EMERGENCY MEDICAL TREATMENT AND RELEASE

My child, _____, has my permission to attend the trip/event described below under the direction of an adult sponsor.

I understand that, in the event that my child requires medical attention while attending the trip/event described below, an adult sponsor will make every reasonable attempt to contact me. In the event that my child requires medical attention while attending the trip/event and my consent is unavailable, unobtainable, or impractical to obtain, or when in the sole discretion of the adult sponsor, the circumstances require immediate emergency medical decisions or attention, I hereby grant to the adult sponsors unlimited permission to make medical decisions, including administering medication and authorizing surgery for my child.

I hereby agree on my own behalf and on behalf of my child to RELEASE, DISCHARGE AND HOLD HARMLESS the adult sponsors of the trip/event described below and Christ Episcopal Church in Covington, Louisiana, its employees, agents, representatives, and volunteers from any and all suits, claims, demands, actions, liabilities and damages of every kind and character arising out of or in connection with my child's attendance and participation in the trip/event described below, including but not limited to claims for personal injury, sickness or with respect to medical decisions made by adult sponsors pursuant to the permission granted above.

Destination and Date

Parent's signature Date

Parent's phone (home) Parent (cell)

Can Parent participate in driving? _____

If so, how many can Parent transport? _____

All drivers must have proof of insurance and driver's license.