

EHCC Youth Group Permission Form

Activity:

Chaperones:

Medical Care Authorization: In case of medical or surgical emergency, after every reasonable effort has been made to contact me, the family physician, or the relatives or friends named below, I hereby give permission to the physician secured by the adult(s) in charge of the mission trip, to hospitalize, to secure treatment for, and/or to order injection, anesthesia or surgery for my child. In the event that any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment.

Disclosure: I understand the chaperone(s) will accompany my child on the mission trip. I also understand that the chaperones are volunteers, and that the activity will involve the normal level of risk associated with such an activity. I hereby release Eagle Harbor Congregational Church, its staff and its volunteer workers from any and all liability due to any injury, loss or damage to person or property during the course of my child's involvement with the mission trip. I also understand that my child may be transported to and from an event by the youth group leader and/or other volunteers; I do not hold those drivers or EHCC responsible if any accidents occur. In the event that my child gets a ride with another youth, I do not hold the youth group leader, any volunteers, or EHCC responsible. Further, I acknowledge it is not the responsibility of EHCC staff or volunteers to make sure I am home if my child is to be dropped off at home.

Parent's Responsibility: I will take the responsibility to see that my child is properly prepared for the mission trip, and I will inform the chaperones of any physical, mental or other condition(s) of my child of which the chaperones should be aware.

Youth Name _____ Birth Date _____

Address _____

Parent/Guardian _____

Home/Work and Cell phone _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

Health Insurance Plan and ID/Number _____

Date of last tetanus shot _____ Allergies _____

Any activity restrictions? _____

Other important information (medications?) _____

I have read and understand the above statements.

Signature _____ **Date** _____