

Ebenezer CORE Youth Group

FIELD TRIP PERMISSION SLIP

The information listed below will be used by Ebenezer Bible Chapel only and will not be disclosed to another individual without the permission of the listed parent/guardian.

Name:

Birth Date:

Name of Parent(s)/Guardian(s):

Address:

Home/Cell Number:

Doctor's Name:

Dr Phone Number:

Insurance Provider:

Policy Number:

Please list any medical conditions that your youth may have, medications they may be taking, and any dietary needs or restrictions they may have:

I trust that Ebenezer Bible Chapel and its youth leaders will hold my youth's safety in the highest regard during this event. I therefore, agree to release Ebenezer Bible Chapel and the youth leaders from all liability in the event that an accident or injury should occur traveling to/from or during this event. I understand that I will be notified in case of an emergency. However, if I cannot be reached, I authorize the adult leaders of Ebenezer Core Youth Group to call a doctor and/or provide necessary medical services in the event that my youth becomes sick or injured.

As the parent/guardian of the youth listed above, I consent to their participation in the following youth activity: _____

I understand that if my youth engages in any misconduct or illegal activities at any time while participating in this event, Ebenezer Bible Chapel and its youth leaders will not be held liable for any damages or problems my youth may cause.

Parent/Guardian Signature

Date

I pledge to uphold all the instructions and/or safety guidelines of my youth leaders and/or adult chaperone.

Youth Signature

Date