

FIRST CONGREGATIONAL CHURCH
TRIP FORM & TRANSPORTATION RELEASE
for ALL Youth Ministry Events September 2018-September 2019

Child's Medical Information: _____

Facts concerning the child's medical history to which medical staff should be alerted:

Medical diagnosis (e.g. asthma, diabetes...) _____

Allergies (food, meds, bees) _____

Physical impairments: _____

Medications taken regularly: _____

Date of last tetanus shot ____ / ____ / ____

FAMILY PHYSICIAN _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

SPECIALIST _____ PHONE _____

I hereby give my consent in the event that all reasonable attempts have been made to contact me at my home or my place of employment have been unsuccessful, for the administration of any treatment deemed necessary by any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

Parent/Guardian Signature Date

I hereby **DO NOT** give my consent, in the event that all reasonable attempts have been made to contact me at my home or my place of employment have been unsuccessful, for the administration of any treatment deemed necessary by any hospital reasonably accessible.

Parent/Guardian Signature Date

* I give permission for authorized church personnel to administer the following non-prescription medication to my child:

(Please circle) ADVIL 200 mg. 1 tablet 2 tablets TYLENOL 325 mg. 1 tablet 2 tablets

Permission for other non-prescription medication:

*I hereby make request and give my permission for my child to take and administer his/her own non-prescription medication. Furthermore I release from liability, and in addition agree to indemnify all Church employees for damages or injury from the use, misuse, or nonuse of such medication.

Name of medication(s): _____

Dosage and time intervals: _____

PARENT SIGNATURE: _____

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 First Congregational Church of Hudson.

Parent/Guardian Signature Date