

FIELD TRIP

Parental/Guardian Consent Form and Liability Waiver

Participant's / Child's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

I, (Parent/Guardian) _____, grant permission for my child,
(Child's Name) _____, to participate in this field trip
event that requires transportation. This activity will take place under the guidance and direction of employees
and/or volunteers from Open Bible Churches.

(Name of Organizer)

A brief description of the activity follows:

Type of event: Church Camp

Location of event: Beads Lake in Hampton, Iowa

Individual(s) in charge: Ruth Crotty

Date and time of departure: Monday July 20th 9:00 am return: Wednesday July 22nd approx. 2:00pm

Mode of transportation to and from event: Church Van(s)

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named
minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and
defend the Organizer its officers, directors and agents, and any other representatives associated with the event, from
any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in
connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in
connection therewith, and I agree to compensate the Organizer, its officers, directors and agents, or representatives
associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____ Phone : _____

Family Doctor: _____ Phone : _____

Family Health Plan Carrier: _____ Policy #: _____

Specific Medical Information: The Organizer will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations–Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child:

**** IF YOUR CHILD IS EXPERIENCING ANY SYMPTOMS OF COVID-19 (FEVER, COUGH, SORE THROAT) PLEASE REFRAIN FROM ATTENDING THIS EVENT. ****