

**CEDAR FALLS BAPTIST CHURCH
FIELD TRIP PERMISSION FORM**

Activity: _____ Date: _____

Youth Name: _____

DOB: _____ M _____ F _____

Address: _____ City: _____ State: _____

Cell Phone Number: _____ Home Phone Number: _____

INSURANCE INFORMATION

Health Insurance Co: _____ Policy No.: _____

Physician or Clinic: _____ Phone: _____

Specific medical conditions or other necessary health information:

PARENTAL AUTHORIZATION & MEDICAL RELEASE

As the parent or guardian of _____, I give permission for my child to participate in the activity stated above and any risk of injury associated with it. My child has my permission to be transported to and from this activity, if applicable. I agree to hold harmless CEDAR FALLS BAPTIST CHURCH and any of its agents/volunteers in the event of any injury sustained to my child. I authorize an agent of CEDAR FALLS BAPTIST CHURCH, staff or volunteer, to consent to medical treatment in the event of a medical emergency if I or my alternate emergency contact may not be reached to provide said consent. I also agree to accept responsibility for any medical expenses incurred as a result of any such injury sustained.

SIGNATURE PARENT/GUARDIAN: _____

DATE: _____

PRINTED PARENT/GUARDIAN NAME: _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

ALTERNATE EMERGENCY CONTACT: _____

DATE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

PRINT PARENT'S NAME _____

PARENT'S SIGNATURE _____

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF

_____ 20 _____

NOTARY PUBLIC

MY COMMISSION EXPIRES:

(SEAL)