

**Providence United Methodist Church
Field Trip Parent/Guardian Permission Form**

PLEASE PRINT

NAME OF TRIP _____ **DATES OF TRIP** _____

Name of Youth _____ Age _____ M _____ F _____

(Please use correct name and list one child only)

PARENT NAME/LEGAL GUARDIAN _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE NUMBERS

(H) _____ (W) _____ (C) _____

MEDICAL CONDITIONS OF PARTICIPANT

MEDICATIONS PARTICIPANT IS ALLERGIC TO

MEDICATIONS STUDENT IS TAKING

PARENTAL PERMISSION

I understand that the Providence United Methodist Church does not carry any health, accident, or other similar insurance for youth involved in trips and that the Church assumes no liability for any such medical expenses. Based on this understanding, I certify as follows:

() **Military Insurance name:** _____ **Policy/Claim #** _____
(if social security #-last 4 digits)

() **Private Insurance name:** _____ **Policy/Claim #** _____

() **My student has no medical insurance coverage and I agree to be fully responsible for all uninsured expenses for medical services and treatment resulting from any accident or injury during the field trip.**

Please check the appropriate statement below:

_____ **I GRANT PERMISSION** for my child, _____ (name), to participate in the planned youth trip named above. As the custodial parent, I hereby give permission for my child to receive proper medical attention while on this trip, and authorize the members of the youth and young adult stewards to do any acts and give any required consents which may be necessary or proper to provide for the health care of my child/children at any hospital or other institution by any physician, dentist, nurse, or other person whose services may be needed for such health care. This consent to provide health care shall be effective with the date the trip commences and extend through the last day of the trip.

Parent/Legal Guardian _____ **(Print)**

_____ **(Signature)**