

CHURCH OF THE RESURRECTION PERMISSION AND MEDICAL FORM

Trip destination _____ date of trip _____

Name _____ age _____

Parent or guardian _____

Address _____

Phone- home _____ work _____

Friend or relative _____

Phone _____

List any medical problems _____

List any medications _____

List any allergies _____

Family physician _____ Phone _____

Hospital _____ Phone _____

Please note any medication the participant may have with him or her

I hereby grant permission for my son/daughter to participate in this activity. I also grant permission for him/her to receive first aid/medical treatment at a hospital emergency room if deemed necessary by the trip supervisor/advisor

Signature of parent or guardian

date