

Presbyterian Church of Chatham Township
PERMISSION SLIP/MEDICAL RELEASE FORM
Youth Mission Trip to Okanogan County, Washington
June 25 – July 1, 2017

Name: _____ Date of birth: _____

Health Information:

Date of last tetanus shot: _____

Allergies (food/medicinal): _____

Special health concerns/needs: _____

Current Medications: _____

Emergency Contacts:

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

In the event of a medical emergency, I give my permission for the adult(s) in charge to authorize any necessary medical treatment, including hospitalization between June 25 and July 1, 2017.

Participant's Signature (if over 18) _____
Date

Parents of Youth Participants:

My son/daughter, _____, has my permission to participate in the 2017 Youth Mission Trip to Okanogan County Washington, with the Presbyterian Church of Chatham Township. I understand that my child is expected to participate in fundraising efforts in order to help cover trip expenses.

In the event of a medical emergency, I give my permission for the adult(s) in charge to authorize any necessary medical treatment, including hospitalization between June 25 and July 1, 2017.

Parent's Signature (for participants under 18) _____
Date