

## Permission Slip and Medical Form

Every Student Going on the Winter Retreat and/or any other trip with Fellowship Bible Church in 2010 must fill out and return this form to Pastor George Filber IV.

### Emergency Medical Authorization:

The purpose of this form is to make it possible for the parents or guardians to authorize any necessary medical treatment should their minor become ill or injured while under Fellowship Bible Church authority during or en route to our Great America trip or any other trip requiring travel.

Should this care become necessary, an attempt will be made to notify you at the phone number provided. However, it is understood that this form authorizes any necessary emergency care without such notification. Please provide the information requested, read the statement below, and sign and date at the space provided.

*My child is covered by medical insurance according to the information provided. In the event of any accident or illness, I request that the leadership involved take any necessary action that seems appropriate at the time. I will not hold the Fellowship Bible Church, trip members or leaders responsible for any cost or other liability that may arise.*

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Alternate # \_\_\_\_\_

Family Doctor \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Last Tetanus \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medication \_\_\_\_\_

Other Information \_\_\_\_\_

### Disciplinary Agreement

I also understand that, while my child participates on the Fellowship Bible Church trip(s), he or she is responsible to abide by the rules set forth by the Church, its leaders and any supervisory personnel. Any serious infraction of these rules and/or willful disobedience toward the leadership by the child may result in dismissal from this trip. If my child is involved in any such situation necessitating removal from the trip, I agree to assume responsibility for the cost of returning him/her home and any damage that may have been caused by my child.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_