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**CHURCH/SCHOOL  
EVENT PERMISSION FORM FOR STUDENT/YOUTH**

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**TO BE COMPLETED BY SPONSORING CHURCH OR SCHOOL**

Event  /  Location \_\_\_\_\_  
Church or School \_\_\_\_\_  
Date of Event \_\_\_\_\_ Departure date \_\_\_\_\_  
Departure time \_\_\_\_\_ Return date \_\_\_\_\_  
Estimated time of return \_\_\_\_\_ Mode of transportation \_\_\_\_\_

**TO BE COMPLETED BY PARENT/LEGAL GUARDIAN**

I, \_\_\_\_\_ the undersigned, give my permission for \_\_\_\_\_  
(Parent/Legal Guardian) (Child)  
to take part in the above off premises event and authorize the Church/School to provide transportation to and from this event.

I also authorize the Church/School and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for payment for those services.

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex  Male  Female  
Allergies (foods, drugs, insects, etc.) \_\_\_\_\_  
Medications (name, dosage, reason) \_\_\_\_\_  
Other information (injuries, special needs, etc.) \_\_\_\_\_  
Insurance carrier \_\_\_\_\_ Group or ID# \_\_\_\_\_

***Person(s) to notify in case of an emergency:***

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_  
Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_  
Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_  
Family physician \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**THIS FORM TO BE KEPT ON FILE BY CHURCH/SCHOOL FOR THREE YEARS**

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