



# Parent/Guardian Permission & Release

## For Field Trips and Activities Outside the Church 2012 – 2013 School Year

Name of Youth \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Birth date \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Email Address(es) of Student and Parent/Adult: \_\_\_\_\_

I, (we) the undersigned parents or guardians of \_\_\_\_\_, give permission for participation in the Student Ministry Activities of Kensington Community Church UCC of San Diego, CA.

### Release of Liability

With this form I release and discharge Kensington Community Church and its authorized representatives and staff from all liability from the activities and the transportation to and from the activities of the Youth Ministry. In the event of an accident, illness, or injury, I hereby grant permission to said staff or representative to act as agents for me and I consent to reasonable intervention, including first aid and emergency medical/surgical diagnosis and/or treatment and hospital care which is deemed necessary.

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

Home Phone:(\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_

### Health Information:

Please share any pertinent medical information about the child/youth:

\_\_\_\_\_

Primary physician name/contact: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Special concerns: \_\_\_\_\_

I grant permission for my child to receive the following over-the-counter medications, as needed on an excursion: \_\_\_\_\_

Emergency Contact (Other Than Parent/Guardian): Name: \_\_\_\_\_

Best Phone #: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

### Walking Home from Events

\_\_\_ I grant my child permission to walk home from events at KCC.

\_\_\_ I will inform you on specific days when I want my child to walk home from events at KCC.

Parent/Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_