

# Christ Community Church Outing Consent Form

***The following must be signed by a parent or legal guardian!***

I hereby give my permission for \_\_\_\_\_ to accompany the Christ Community Church youth group for all outings taking place from August 26, 2018 – August 26, 2019, and I authorize the adult leadership to arrange for emergency medical care as needed. I understand that adult supervisor(s) will attempt to contact me by phone before relying on this authorization, and if I am unavailable, sponsors will proceed with medical treatment. I also understand that I am to inform the Pastor of Student Ministry regarding any changes to our family's insurance policy and our child's medical information (i.e. allergies & medications).

Parent /guardian printed name(s) \_\_\_\_\_ Signature \_\_\_\_\_

Current Email Address \_\_\_\_\_ Date \_\_\_\_\_

Father's Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Mother's Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Your Child's Cell Phone Number (c) \_\_\_\_\_

Prescribed Medication \_\_\_\_\_ Allergies \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ May we give your child Tylenol? \_\_\_ yes \_\_\_no

Name of Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_

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