

Refuge Student Ministry PERMISSION/MEDICAL FORM

Dear Parent:

Refuge Student Ministry is planning a trip for all youth members to:

Location: . _____ .

Date: . _____ .

Cost: . _____ .

Departure Date/Time: . _____ .

Return Date/Time: . _____ .

If you wish for your child to participate in this activity, please fill in and return this form along with your payment. The deadline for us to receive the permission slip form and payment is:

DATE: _____

STUDENTS NAME: _____

CAN YOUR YOUTH PARTICIPATE: Y N (circle one)

Also by signing this permission slip, you are authorizing any and all leaders, adults who are in attendance on said trip, to authorize medical personnel to administer necessary treatment should an accident occur. This is solely for your child's protection should the need arise.

Please list any medicines that your child will be bringing with them with the instructions and medicines enclosed in a Ziploc bag:

Please list any allergies {food, medicine, etc.} that your child may have:

ALLERGIES: _____ _____

MEDICINES: _____ _____

EMERGENCY NUMBERS: _____ _____

PARENTS SIGNATURE: _____ DATE: _____

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