

FIELD TRIP PERMISSION FORM

I give my permission for _____ to go on a trip with

The Logan Martin Church of Christ Youth Group.

The trip will be on .

We will be leaving at :

We will be going to:

Parent's signature _____

I hereby give my permission to seek immediate medical attention for

_____.

Parent's signature _____

Date _____ . Date of Birth: _____

Students Name: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of accident or illness needing medical attention in which the parents or legal guardians cannot be located and/or contacted, I hereby authorize The Logan Martin Church of Christ Youth Group administration (including appointed chaperones) to seek emergency medical care for _____ at the nearest or most appropriate medical facility. I also give permission for that facility's assigned physician to evaluate and treat the condition. I understand that I will be totally responsible for any and all emergency room and/or related fees incurred by this treatment.

Home:

Office:

Mobile:

Signature of Parent or Legal Guardian Emergency Telephone Numbers

Print Name

Billing Address:

Insurance Company Policy Number

Allergies:

