First Chinese Baptist Church

Parent Consent for voluntary Field Trip and Emergency Medical Authorization

_____ has my permission to participate in the field trip to John's Incredible Pizza on
(Student's Name)

August 21st, 2016 Arrive 10:15 am Pick-up 12:30 pm.

Parents Please Note:

It is necessary that parents specifically authorize their child to be included in this field trip. While supervision for this event will be furnished by the church, parents are hereby advised that such supervision by church personnel will occur only during the time period stated above. Although the church will take every precaution to assure the welfare and safety of your child while participating in this activity, it is important you understand that the church assumes no liability whatsoever in case of injury or accident.

_____ _____
Approval Signature (Parent/Guardian) Date

Should it be necessary for my child to have emergency medical treatment while participating in this trip, I hereby authorize First Chinese Baptist Church personnel to use their judgment in obtaining emergency medical services for my child. I further authorize any individual selected by First Chinese Baptist Church personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation costs. I do also hereby give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in activities sponsored by First Chinese Baptist Church.

Hospital insurance Yes □ No □

Insurance company _____

Policy number _____

Emergency phone numbers _____

_____

_____
Participant Date

_____
Father Date

_____
Mother Date

_____
Legal guardian Date

On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.