



703 Miracle Strip Pkwy | Mary Esther, FL 32569

### TRIP CONSENT FORM

My child, \_\_\_\_\_, may take part in field trips or excursions under appropriate supervision of a representative of the Mary Esther United Methodist Church.

My Child is/is not able to swim (please circle one and list any other activities your child is not permitted to do).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Parent's Signature) (home phone) (work Phone) (cell phone or beeper)  
\_\_\_\_\_  
(address) \_\_\_\_\_ (city) \_\_\_\_\_ (zip code) \_\_\_\_\_

### MEDICAL HISTORY

Doctor: \_\_\_\_\_

(Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

List of current medications and dosages: (If none, write none)

\_\_\_\_\_  
\_\_\_\_\_

Allergies: (if none, write none)

Medical History: (if none, write none)

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact in case of emergency \_\_\_\_\_

(Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Employer \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY AND MEDICAL TREATMENT AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, hereby authorize a representative of the Mary Esther United Methodist Church to give consent for the treatment of my child, \_\_\_\_\_, in the event of illness or injury. I further release the Mary Esther United Methodist Church, it's employees and volunteers from any liability in the event of any accident in route, during or returning from any church events and/or trips. In addition, I want to express appreciation for the church, it's staff and the volunteers for the giving of their time and resources to organize events and trips for youth. This authorization and release is effective for one (1) year from the date notarized.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Commission Expires)