

**Breckenridge Lutheran Church**

One form per participant

**Parent Consent Form for Group Activity and Medical Authorization**

\_\_\_\_\_ has my permission to participate a day trip to Valley Fair amusement and water park.

Date June 10th, 2022. Leaving at 6 am, returning around 10 pm. Drop off and pick up at the church.

Participants date of birth: \_\_\_\_\_

Do you have Health Insurance? \_\_\_\_\_

If yes, Policy Name of Health Insurance Co.: \_\_\_\_\_

Has participant had any of the following? (Circle if YES)

Frequent or severe headaches   Asthma   Ear, nose or throat trouble   Heart trouble

Dizziness or fainting spells   Frequent colds   Shortness of breath   Diabetes

Any medical condition not listed above: \_\_\_\_\_

List Allergies and/or Allergic Reactions: \_\_\_\_\_

List any medication you child now takes: \_\_\_\_\_

Should it be necessary for participant to have medical treatment while participating in this activity, I hereby give the person(s) in charge permission to act on my behalf to get participant medical services deemed necessary and appropriate by the physician. I absolve Breckenridge Lutheran Church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. I understand any cost incurred shall be my responsibility.

Signature \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

2nd contact in case above is unreachable

Name \_\_\_\_\_

Phone \_\_\_\_\_