

**Parental Consent for
Student Trip/Activity**

**Waiver of Claims and Medical Authorization
St. Joe Community Church, Fort Wayne, Indiana**

_____ has my permission to participate in
Printed Name of Student Participant

_____ on _____
Trip/Activity Date

This trip/activity will be under the supervision of the student workers of St. Joe Community Church. Transportation will be provided by private vehicles.

I agree to direct my child to cooperate and to follow the direction and instruction of the adults supervising this trip/activity.

Should it be necessary for my child to have medical treatment while participating in this trip/activity I hereby give the adults permission to use their judgment in obtaining medical service for the child. I also give permission to the physician or medical personnel selected by the supervising adults to render medical treatment deemed necessary and appropriate.

I also understand that St. Joe Community Church does not have any individual medical coverage for injury or life insurance, so I will assume full responsibility for all medical expenses incurred, either personally or through my own insurance coverage.

All persons participating in this trip/activity are deemed to have waived all claims against St Joe Community Church of Fort Wayne, Indiana, its staff and volunteer workers for injury, accident, illness or death, occurring while on, or by reason of, this trip/activity.

Medicines that my child is allergic to are:

Medical Concerns to be aware of on this trip/youth activity (e.g. seizures, food allergies or allergic reaction to insect stings requiring immediate medical attention...):

I have read and understood the foregoing statement agreeing to assume the responsibility stated and waive all claims as indicated.

Signature of Parent/Guardian

Date Signed

Printed Name of Parent/Guardian

Home Phone Number

Address City Zip Code

Work Phone/Mobile Phone

Contact in Emergency _____
Name Phone

Relationship to Participant: _____