

**Student Name:** \_\_\_\_\_ **Parents Name(s):** \_\_\_\_\_

**Emergency Phone Numbers:** \_\_\_\_\_

I / We the undersigned, are the parents / guardians of \_\_\_\_\_, a minor, and have given consent for him / her to attend the Mystery Trip, sponsored by First Presbyterian Church on March 29, 30, and 31, 2019. In the event that he / she is injured or sick while on the trip and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and / or hospital personnel refuses to administer without my / our consent, I / we hereby authorize the adult chaperons to give such consent for us if I / we cannot be reached by telephone at one of the numbers listed above, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to consent for us, I / we agree to hold First Presbyterian Church and their adult chaperons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I / We also acknowledge that I / we will be ultimately responsible for the cost of any medical care should the health insurance provider not reimburse the cost of that medical care.

Telephone Numbers: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

**Participant**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Parent/Guardian(s) (if participant is under 20)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Additional medical information:**

---

---

---

---