

The First Congregational United Church of Christ of Appleton, Wisconsin

Permission and Emergency Medical Consent

Student name _____ Grade _____ 2022-2023 School Year

The purpose of this form is to allow my child to attend all off-site activities for the **Youth Service Trip to Cass Lake, MN from June 11-17 2023.**

I, _____ as parent/guardian of the above-named youth, give my permission for him/her to accompany pastors and/or authorized adult chaperones of my local church. I AUTHORIZE EMERGENCY MEDICAL SERVICES DEEMED NECESSARY FOR THE YOUTH NAMED ABOVE IN THE EVENT OF AN ACCIDENT OR INJURY, UNDERSTANDING THAT I WILL BE CONTACTED PROMPTLY IF SUCH A SITUATION ARISES. I also acknowledge that I will be ultimately responsible for the cost of any medical care not reimbursed by health insurance available to the child involved.

Emergency Medical Information:

Insurance company or health care plan _____

Employer providing insurance (or Self) _____

Group/Plan or policy number _____

Youth participant birth date _____ Blood type (if known) _____

Prescription drugs _____

Medical conditions or allergies _____

Physician's name _____ Physician's phone _____

Emergency Adult Contact:

Name: _____ Home Phone _____

Work Phone _____ Cell Phone _____

Full Address _____

I understand that any behavior unbecoming of Christian youth, including, but not limited to, tobacco, alcohol or other illegal drug use or any sexual relations, are grounds for the restriction and/or return of the youth from this activity. I agree to bring my child home at my expense should he/she become ill or if deemed necessary by the youth ministries staff member. I HAVE FILLED OUT THIS FORM TO THE BEST OF MY ABILITY, AND I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE INFORMATION.

Parent/Guardian Signature: _____ Date _____

—The Church of the Open Door—

**FIRST CONGREGATIONAL
UNITED CHURCH OF CHRIST**



724 E. South River Street, Appleton, WI 54915