

Medical Release and Travel Permission

Name of Participant: _____

Does he/she require medication? _____

If yes, what medication? _____ For What? _____

Does he/she have any allergies, including food and medication? _____

If yes, what allergies? _____

Other concerns to share: _____

I, the undersigned am the parent, or legal guardian of _____,
And have given my consent for him/her to attend, participate in activities and trip
sponsored by the Sunnyside SDA Church Youth Group to _____.
In the event that he or she is injured while participating in an activity or trip and requires
the attention of a doctor, I 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 consent, I hereby authorize
the chaperone(s) of the activity or trip, to give such consent for me if I cannot be reached
by telephone at one of the numbers indicated below or if 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 give consent for me, I agree to hold such person(s) free and harmless of
any claims, demands, or suits for the damages arising from the giving of such consent so
long as the treatment is administered by or under the supervision of a licensed physician.

Permission to Travel

I understand that if my child requires a ride, he or she will travel to and from all locations
associated with the activity in a motor vehicle operated by a youth leader who is a
licensed driver. I clearly understand the risks associated with my child's travel and
assume all risks thereof.

Signature: _____ Relationship to Participant: _____

Date: _____

Telephone Numbers: Home: _____

Work: _____

Mobile: _____

Other: _____