

Medical Release and Travel Permission for
Sunnyside SDA Church Youth Ski Trip to Lake Tahoe

Name of trip participant: _____

Does this child require medication? Yes { } No { }

What medication? _____ For what? _____

Does your child have allergies, including food or medication? Yes { } No { }

What allergies? _____

Other concerns to share: _____

We, the undersigned are the parents, or the legal guardians of _____, have given our consent for him or her to attend, participate in activities and trip sponsored by the Sunnyside SDA Church Youth group to Lake Tahoe, CA. In the event that s/he is injured while participating in an activity or trip and requires the attention of a doctor, 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 our consent, we hereby authorize the chaperone(s) of the activity or trip, to give such consent for us if we cannot be reached by telephone at one of the numbers indicated below 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 give consent for us, we 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 my child will travel to and from Lake Tahoe, CA 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 _____

Signature: _____ Relationship _____

Date _____

Telephone Numbers: Home _____

Work _____

Cell _____

Other _____