



GENERAL PERMISSION
Participants under 18 years of age

• **PERMISSION**

For the following activity: _____ Date(s): _____

Transportation by: _____

1. As parent/legal guardian of _____

(name of child)

(age)

I/We have reviewed the information, attached hereto and/or incorporated by reference, about the NPC ministry event and give my permission for the subject of this release to be involved in the listed activities.

2. I/We understand the rules and expected behaviors for the activity/trip, attached hereto and/or incorporated by reference. If my son/daughter fails to abide by the rules, I/We understand appropriate disciplinary action will be taken, including—should it be deemed necessary—the removal of the student at the expense of the student’s parents/guardians.

• **PHONE NUMBERS WHERE PARENT/GUARDIAN CAN BE REACHED:**

(Home)

(Work)

(Other)

• **MEDICAL AUTHORIZATION FORM**

3. In the event of an accident or illness during the course of this activity I/We

(Parent/Legal Guardian of)

(Name of Child)

authorize the NPC Ministry Director, NPC event coordinator, or one of the NPC adult supervisors along on the trip/activity to act on my/our behalf and approve appropriate medical attention should emergency treatment be necessary. I/We understand every effort will be made to inform me/us of all conditions and procedures to be taken before treatment is given.

4. Any medical conditions (allergies, etc.) we should be aware of during the trip (please be thorough)?

5. Any medication being taken currently?

6. Doctors Name: _____ Phone: _____

7. Medical Insurance Policy name and number: _____

(Parent/Guardian Signature for permission and medical authorization) _____ / _____ / _____
(Date)