

CENTER POINTE COMMUNITY CHURCH PARENTAL CONSENT AND MEDICAL INFORMATION FORM

Trip Destination _____
Date: ____/____/____
Student's First Name: _____ M.I.: _____
Last Name: _____
Address: _____ City: _____
Zip: _____
Home Phone () _____ Birth date: ____/____/____
SS Number: _____

MEDICAL INFORMATION:

Does your teen have an allergic reaction to penicillin? _____ To bee stings, bites, etc.? _____
To other medicines? _____
If yes, which ones _____
Is there any medical information you feel we should have concerning your teen?

ALL MEDICINE MUST BE TURNED OVER TO THE SPONSORS BEFORE LEAVING!

EMERGENCY NUMBERS:

Doctor's Name _____
Phone () _____
Parent/Guardian's Name _____
Phone () _____
Other () _____
Place of Work _____
Phone () _____
Insurance Carrier _____
Id# _____
Address: _____ City: _____
Zip: _____
Phone () _____ Other Numbers/info _____

*Attendance at all outings is a privilege contingent upon the cooperation of each young person. Center Pointe Community Church is a Christian organization, and Christian standards of conduct, dress and attitude are expected from each teen. Any child that does not follow instructions will be sent home at Parents expense. I GIVE MY CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE ON THE TRIP WITH CENTER PONTE COMMUNITY CHURCH. When it is deemed necessary for my son/daughter's health, the leaders may have my son/daughter hospitalized or use outside medical, surgical, or dental aid, in which case all such expenses shall be paid for by me. I shall in no way hold CENTER POINTE COMMUNITY CHURCH or its representatives responsible for any financial obligation.
Parent/Guardian _____

Date: ____/____/____
NOTARY _____ COMMISSION EXPIRATION
DATE: ____/____/____