

PARENT PERMISSION FORM for FIELD TRIPS
Cowan Fellowship Church

ALL YOUTH AND CHILDREN MUST:

- ◆ Agree to the rules,
- ◆ Complete and return the registration form (page 2), and
- ◆ Return the signed permission from parents or legal guardians (page 3) in order to participate in this event.
- ◆ **Please fill out all forms with a ballpoint pen.**

EVENT INFORMATION

Event: _____

Date/s of Event: _____ **Time:** _____ **Cost:** _____

Place: _____

Ages for Participation: _____

Event Coordinator/s: _____

Contact Information : _Church: 931-563-3796 Program Coordinator: _____

BEHAVIOR EXPECTATIONS FOR THIS EVENT

(To be added by event coordinator)

Parent/Guardian: KEEP PAGE 1 for your information. Return Pages 2 and 3 of this document with your child/youth to the church on or before the day of the event.

APPENDIX 5-B
REGISTRATION FORM:

Today's Date: _____

Child/Youth Full Name _____ Grade _____ Date of Birth _____

Address _____ City _____ State _____ Zip: _____

Parent or Legal Guardian Name (Print): _____

Parent or Legal Guardian Name (Signature): _____

Address if different from above: _____ City _____ State _____ Zip: _____

Email: _____

List all phone numbers where the parent/guardian can be reached:

Name _____ Cell _____ Home _____ Work _____

Name _____ Cell _____ Home _____ Work _____

Emergency Contact:

Name _____ Relationship _____ Phone #(s) _____

Name _____ Relationship _____ Phone #(s) _____

Allergies (food, nature, medicine -- describe reaction): _____

Special Needs: (i.e. physical, dietary, etc): _____

Yes No I give permission for my child to be given Tylenol or other minor medications as needed.

Describe any behavioral, health, or emotional problems your child has that may affect them during this event:

Is there anything else event leaders need to be aware of? _____ (Please use back of page) _____

FOR FIELD TRIPS: Medical Information – This area must be completed to process registration.

Health Insurance Provider: _____ Phone # _____

Name of the Policy Holder: _____ Member ID# _____

Family Physician: _____ Phone: _____

APPENDIX 5-B

PARENT PERMISSION FORM for: Field Trips
Cowan Fellowship Church

I understand that on _____ (date of event), my child _____ (child's/youth's name) will participate in a church event that will depart from the Cowan Fellowship Church to go to _____ (event site) located at _____ (address, city, state), departing at _____ (time) on _____ (date), and that the outing group will return to the Cowan Fellowship Church, barring unforeseen circumstances, by _____ (approximate time) on _____ (date). I understand that the group will travel in a number of automobiles appropriate to the number of participants going.

I understand that all reasonable safety precautions will be taken at all times by the adults leading this outing. I have completed the registration information to the best of my knowledge. In giving my child permission to participate in this event indicated, I release the Cowan Fellowship Church, the pastor, and volunteers from liability for damages, losses, illness, or injuries incurred by my child. I understand that I, or the emergency contact listed on the registration form, will be contacted in case of an emergency. In which case, I hereby give permission to the physician or facility present to order X-rays, routine tests, and treatment for the health of my child.

Transportation to and from the church is the responsibility of the parent/legal guardian.

Children/youth will sign themselves in upon arrival for this event.

Child/Youth Pick-up Policy: I understand that only a parent/guardian or other person, as designated below, may pick my child up and sign him or her out from this event. Youth (grades 7-12) and children ages 10 and older with signed parent permission to walk home (see section below) may sign themselves out of this event.

I **authorize** the following person(s) to sign my child out and provide him/her transportation home from the church following this event:

Person's Name: _____ Cell Phone: _____

Person's Name: _____ Cell Phone: _____

Policy for Children to Walk Home: Applies to Children ages 10 and older. I give _____ (child's name) permission to walk home from Cowan Fellowship Church following this event.

Parent/Legal Guardian Name: (Print) _____ (Signature) _____

Youth Transportation to and from events: Youth with a driver's license must have a note from their parent/guardian giving them permission to drive themselves to and from Cowan Fellowship Church. They will not be permitted to transport other children/youth without a note from the parents of both parties.)

Child/Youth Behavior Expectations: I have read and understand behavior expectations for this event (see page 1) and have reviewed them with my child/youth.

Parent/Legal Guardian Name(Print): _____ **(Signature)** _____ **Date** _____