

MINOR'S PERMISSION SLIP AND MEDICAL RELEASE FORM:

In regards to: VINEYARD METRONORTH (Church) located at 47 Adams Avenue, Saugus, MA 01906, and their Children's/Youth Church Trips/Activities for the year mentioned below, near signature. We will not be requiring a new form for each trip/activity, therefore if any personal information below changes please inform the Church Office immediately and fill-out a new form (Church #781-941-2211).

-We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, church-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless Vineyard MetroNorth (church), their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the child and the costs of medical services.

-In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

-In the event that my child must return to their home or the church independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for transporting our child and or to pay for the cost of medical care, transportation and other incidental expenses.

TRANSPORTATION RELEASE

We do hereby give consent for our son/daughter to be transported in the designated vehicle of VINEYARD METRONORTH for Trip/Activities.

CHILD'S NAME:

MEDICAL RELEASE:

Address:

Phone:

Date of Birth:

Mother's work phone:

Father's work phone:

Mother's cell phone:

Father's cell phone:

Parent's Email:

Health Insurance Company:

Health Insurance Company Phone #:

Policy #:

Primary Care Doctor:

Please check below IF your child has sensitivity to:

Bee Sting Nuts Dairy Latex Other _____

Please check below IF your child has:

Asthma Diabetes Seizure Disorder Heart Condition

Other Medical Condition _____

Required medications for any of the above conditions:

If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form is on record in the church office. (If ordered by the student's physician, an epi-pen must be provided for all field trips.)

By signing this liability form, you are authorizing participation and medical and liability release for your child for any or all activities they may participate in during the year: _____ (write year).

Mother's signature:

Date:

Father's signature:

Date:

Legal Guardian signature:

Date: