

# Trip Permission Form

Event name: \_\_\_\_\_ Event dates: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Group Leader: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Authorization of Consent to Treat Minor

I (We), the undersigned parents/guardian of \_\_\_\_\_, do hereby authorize youth ministry leaders, agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnoses, treatment, or hospital care being required, but is given to provide authority on the part of the group leader to give specific consent to any and all such diagnosis, treatment, or hospital care which the attending physician in the best exercise of his/her judgment may deem advisable.

Parent/Guardian Name: \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Other Emergency Contact Names and Numbers: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ If none, please check \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Other Concerns: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_