

Solid Rock Youth Travel Permission Form

All Blank Spaces Must Be Filled In!

I hereby grant Solid Rock Youth permission to transport my son/daughter to and from the church for Youth events/outings off the premises. I understand that my child will be traveling in a privately owned vehicle.

I have instructed my child to obey teachers, leaders and adult volunteers. There are no drugs or weapons in my child's possession. All music and headphones have been left at home. Solid Rock Youth is not responsible for any lost or stolen personal effects.

My son/daughter has the following medical needs/illness _____

In the event of an emergency, you may call or page me at: _____

In the event of an accident I will not hold Solid Rock Youth liable.

Parents' signature: _____

Name and age of child/children: _____ Age: _____

_____ Age: _____

Authorization and Consent to Treat Minor:

The above-signed do hereby authorize Solid Rock Youth leaders/volunteers as agents for the above-signed, to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor that is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, at a hospital or elsewhere. The above mentioned agent is authorized to make decisions concerning the health and general welfare of this minor. This authorization will remain effective while the above minor is in the care of the above agents. First aid and non-prescription medications will be administered to the above-mentioned minor by Solid Rock Youth or their health care representatives with the following exceptions:

Please circle one and fill blank: No Exceptions

Exceptions - _____

Medication the minor is required to take will be turned over to Solid Rock Youth's youth pastor. Type of medication and specific instructions: _____

Activity restrictions and/or allergies, including reactions to medication, are as follows:

Parent or Guardian Signature:

Date:

Witness: