

# Midwinter 2020 PERMISSION & MEDICAL RELEASE FORM

Name of Youth \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Current medications

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Allergies (Food and/or Medicine)

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Dietary Restrictions: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

As the parent/guardian of the above named youth, I hereby give my permission for my child to participate with our church youth group attending the Midwinter Youth Conference at Mo Ranch on January 10-12 or 17-19, 2020. I also give permission to the adult leaders of the Youth Connection Committee and to the designated chaperones or sponsors from our home church to administer the community covenant and all appropriate rules of conduct that will apply to my child. In the event of an emergency during the said weekend, I hereby authorize the designated chaperones/sponsors from our home church to consent to and arrange for emergency medical treatment in the event, after reasonable efforts are made to obtain my consent, that I cannot be reached. I hereby release Mission Presbytery and its staff, our sponsoring church, and the designated chaperones/sponsors for this event from any responsibility and liability for any injury or illness that my child may sustain during this trip.

Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_